

EMERGENCY CONTACT AND PERMISSIONS FORM

Stages Theatre Company's Education Program

**This form must be completed, signed, and submitted to Stages Theatre Company
ON or BEFORE THE FIRST DAY OF CLASS.**

****Preferred: Mail ASAP to:**

Stages Theatre Company, Attn: Education, 1111 Mainstreet, Hopkins, MN 55343

Program (please check): Preschool Play-A-Day Winter Theatre Workshop Summer Theatre Workshop
 Little Stars CAST Teen Conservatory Jr. Conservatory Center Stage First Stage

Title of Session: _____

Dates of Session: _____

EMERGENCY CONTACT INFORMATION

Student Name: _____

Age: _____ Student Date of Birth: _____

Address: _____ City/State/Zip: _____

Parent/Guardian Name: _____

Daytime phone: _____ Cell phone: _____

Email: _____

1) Emergency Contact: _____ Relationship to student: _____

Daytime phone: _____ Cell phone: _____

2) Emergency Contact: _____ Relationship to student: _____

Daytime phone: _____ Cell phone: _____

Doctor's Name: _____ Doctor phone: _____

Health Insurance Co. Policy # _____

Allergies: _____

Any Medications currently being taken: _____

In order to best serve each student, please list all physical, cognitive, medical, emotional, or learning needs you would like us to know, as well as any additional information: _____

PERMISSIONS

I hereby agree to have my child(ren) take part in Stages Theatre Company's Education Programming. In case of an accident, the staff will administer reasonable first aid, contact parents immediately, and take precautions to ensure the safety and well-being of my child. I agree to release Stages Theatre Company, the Robbinsdale School District, Mainstreet School of Performing Arts,, The Hopkins Center for the Arts, and their respective staffs from liability for any accident that may occur during the course of the program. Stages Theatre Company has a professional photographer who may take photos and/or video during workshops, workshop presentations and classes for our archives and for use in future education program marketing in print, broadcasting and online (no names would be listed with photos/video). Please check the appropriate place below.

_____ **YES**, my child's photo may be used, without a name

_____ **NO**, please do not use my child's photo

PARENT SIGNATURE: _____ **Date:** _____