

WISCONSIN RAPIDS COMMUNITY THEATRE YOUTH ACTIVITIES

CHILD INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance
Click here to enter text.	Click here to enter text.	Click here to enter text.

PARENT OR GUARDIAN

a. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable during events
Click here to enter text.	Click here to enter text.	Click here to enter text.
Home Address (Street, City, State, Zip)	Does child reside at this location?	Place of Employment and Work Phone No.
Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click here to enter text.
b. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable during events
Click here to enter text.	Click here to enter text.	Click here to enter text.
Home Address (Street, City, State, Zip)	Does child reside at this location?	Place of Employment and Work Phone No.
Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click here to enter text.

AUTHORIZED PERSONS – Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."

a. Name and Relationship to Child	Home / Cell Phone No.	Email Where Reachable during events	Place of Employment/Phone No.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
b. Name and Relationship to Child	Home / Cell Phone No.	Email Where Reachable during events	Place of Employment/Phone No.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

EMERGENCY CONTACT – The person to be notified in an emergency when parents / guardians cannot be reached.

Yes No This person is authorized to pick up the child.

a. Name and Relationship to Child	Home / Cell Phone No.	Email Where Reachable during events	Place of Employment/Phone No.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

PHYSICIAN OR MEDICAL FACILITY

Name	Address (Street, City, State, Zip Code)	Telephone Number
Click here to enter text.	Click here to enter text.	Click here to enter text.

AUTHORIZATIONS

Yes No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

Yes No I give permission for my child to participate in field trips and other activities during pre-scheduled events.

Yes No My child has special health, emotional, or dietary needs which I have listed below.

Click here to enter text.

Signature/Date Signed – Parent or Guardian _____

