

2008 ACT EMERGENCY FORM

(Please print – fill out and sign)

Child's Name _____ DOB _____ Age _____

Parent or Guardian _____

Address _____

City/Town _____ Zip Code _____

Home Phone _____

Mother's Work Phone _____ Mother's Cell Phone _____

Father's Work Phone _____ Father's Cell Phone _____

If person named above is not available in the event of an emergency, notify:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

List any special information concerning your child's health issues and/or needs.
(ex. allergies, emotional needs, disabilities)

Waiver of Liability

Upon signing this agreement, you do hereby remit, release and forever discharge The Company Theatre, The Academy of the Company Theatre, their successors and assigns of and from all actions, causes of action, suits, damages and any and all claims, demands, and liabilities whatsoever, of every name and nature, both in law and equity, which the undersigned may have, arising from any act, action, accident, or event resulting in injury or damage to the person or the undersigned.

Parent's Signature _____

We cannot allow your child to attend classes without this form completed and signed.