

The Academy of the Company Theatre

APPLICATION/EMERGENCY FORM

(Please print)

Child's Name _____ DOB _____ Age _____

Parent / Guardian _____

Address _____

City/Town _____ Zip Code _____

E-Mail Address _____ 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 / Guardian Signature _____ Date _____

**We cannot allow your child to attend classes without this form completed and signed.
Please bring this form to auditions or mail to:
The Academy of the Company Theatre, 30 Accord Park Drive, Norwell, MA 02061**

We do not need any payment until after casting is announced.