

2010 ACT SUMMER WORKSHOP APPLICATION/EMERGENCY FORM

(Please print – fill in, sign and mail this form ASAP)

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)

Please check any medication you wish to be made available to your child:

Headache/Fever/Earache/ Muscle Aches/Pain/Cramps <input type="checkbox"/> Acetaminophen (like Tylenol) <input type="checkbox"/> Ibuprofen (like Advil)	Bites/Stings/Allergic Rashes <input type="checkbox"/> Anti-Itching Lotion (like Calamine) <input type="checkbox"/> Anti-Itching Cream (1% Hydrocortisone)	Sore Throat <input type="checkbox"/> Throat Lozenges
Upset Stomach <input type="checkbox"/> Antacid (like Tums or Maalox)	Mild Allergic Reactions <input type="checkbox"/> Diphenhydramone (like Benadryl)	Coughs <input type="checkbox"/> Cough drops

Other medication, please explain: _____

I understand that the medication I have checked will be administered by the staff at
The Company Theatre in accordance with established protocols.

I do not want any medication given to my child at the ACT Summer Workshop.

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 _____

T-Shirt Size: (please circle) Youth Medium Adult Small Adult Medium Adult Large Adult X Large

**We cannot allow your child to attend classes without this form completed and signed.
Please mail this form and your non-refundable deposit of \$300.00 to:
The Company Theatre, 30 Accord Park Drive, Norwell, MA 02061**