

# Academy of The Company Theatre

## SUMMER WORKSHOP APPLICATION/EMERGENCY FORM

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

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
 Parent / Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

List any special information that would be helpful for us to know concerning your child's health and/or needs (physical/emotional) including allergies \_\_\_\_\_

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

<b>Headache/Fever/Earache/ Muscle Aches/Pain/Cramps</b> <input type="checkbox"/> Acetaminophen (like Tylenol) <input type="checkbox"/> Ibuprofen (like Advil)	<b>Bites/Stings/Allergic Rashes</b> <input type="checkbox"/> Anti-Itching Lotion (like Calamine) <input type="checkbox"/> Anti-Itching Cream (1% Hydrocortisone)	<b>Sore Throat</b> <input type="checkbox"/> Throat Lozenges
<b>Upset Stomach</b> <input type="checkbox"/> Antacid (like Tums or Maalox)	<b>Mild Allergic Reactions</b> <input type="checkbox"/> Diphenhydramone (like Benadryl)	<b>Coughs</b> <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, I 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 I agree to my child being videotaped or photographed by The Company Theatre act, action, accident, or event resulting in injury or damage to the person or the undersigned. for use in publications and promotions.*

Parent / Guardian Signature \_\_\_\_\_



### T-Shirt Size (please circle)

	YXS	YS	YM	YL	YXL	S	M	L	XL	2XL	3XL	4XL
	(2-4)	(6-8)	(10-12)	(14-16)	(18-20)							
length	20.5	22	23.5	25	26.5	28	29	30	31	32	33	34
width	16	17	18	19	20	18	20	22	24	26	28	30

**Tuition: \$1195.00 A.C.T. jr/Pre-Pro/HSM Tuition: \$425**

**Please mail this form and your non-refundable deposit of \$400.00 (\$200 for A.C.T. jr, only) to:**

**The Company Theatre, 30 Accord Park Drive, Norwell, MA 02061**

**Final Payment Due June 8**

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