

**Thalian Association Community Theatre  
Youth Theatre Academy  
All students must return this form**

**MEDICAL AND EMERGENCY CARE INFORMATION**

NAME OF CHILD \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

NAME OF PARENT(S) OR GUARDIAN \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Alternative # \_\_\_\_\_

IF PARENT(S) OR GUARDIAN CANNOT BE REACHED, IN CASE OF EMERGENCY CALL:

Responsible Adult \_\_\_\_\_ Day phone \_\_\_\_\_

1. Any known allergies? Please specify: \_\_\_\_\_

2. On any medication for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, we cannot administer any drug or medication without specific written instructions from the physician or the parent/guardian.

Please list medications: \_\_\_\_\_

3. Previous hospitalizations? Yes \_\_\_\_\_ No \_\_\_\_\_ Why? \_\_\_\_\_

4. Any physical handicaps? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:  
\_\_\_\_\_

5. Any history of: mental retardation, convulsions, diabetes in family, history of heart trouble? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes to any, please give details: \_\_\_\_\_

6. Is the child under the care of a doctor? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

7. Name of physician: \_\_\_\_\_ Phone \_\_\_\_\_

8. Name of dentist: \_\_\_\_\_ Phone \_\_\_\_\_

9. Hospital preference: \_\_\_\_\_

Permission is given for the director, teacher or counselor to determine whether a situation requires (1) simple first aid, (2) advice from the designated physician or (3) immediate transport to a medical facility. Permission is given for the director, teacher or counselor to transport the child to the designated hospital or nearest medical facility.

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Parent/Guardian signature

Date

**Thalian Association Community Theatre  
Youth Theatre Academy  
Registration Form**

Student's Full Name: \_\_\_\_\_

Gender: M / F      Age: \_\_\_\_\_      Date of birth: \_\_\_\_\_      Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_      Zip: \_\_\_\_\_

**Email (this is our primary form of communication!  
Please write clearly and give us the best single email to reach the family!**

Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_      Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_      Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_      Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_      Work Phone: \_\_\_\_\_

Harris Teeter Vic # (or Phone #) \_\_\_\_\_      Last Name: \_\_\_\_\_

List Class, Day, Time and Location: (example: Acting, Wed. 5:30-6:30 HBHUSO/CAC)

**(Initial)**

\_\_\_\_ I authorize Thalian Association Community Theatre to use photographs & videos of above mentioned student for Thalian Association Community Theatre / Academy advertising and publicity.

**(Initial)**

\_\_\_\_ I have read the Thalian Association Community Theater and Academy Code of Conduct & our signatures affirm our agreement of and support for the Thalian Association Community Theater and Academy Code of Conduct in its entirety.

\_\_\_\_ I understand payment installments are: \_\_\_\_\_      Signature: \_\_\_\_\_

\*\*If semester is paid in full, ask about our *Current Discount Coupon*\*\*  
You may Register Online or call to use your Credit or Debit Card  
251-1788

Form of Payment: CC / Cash/Check # \_\_\_\_\_      Amount: \_\_\_\_\_

Additional information we should know about your child:

How did you hear about us / classes or workshop: \_\_\_\_\_