



Northeast Alabama Community College Theatre



Registration/ Health Form

Show Information

Be sure to complete one form per child. Please print clearly. Be sure to complete all boxes. Registration will open May 21 at 9:00 am, and it is limited to the first 35 applicants. Only immediate family members may register

Summer Youth Theatre Workshop

July 26-30, M-F, 9 am- 12 pm
Ages 10-15, \$50.00 each child

Cast Member Information

First Name		Middle Name		Last Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address				City		State	Zip Code
Home Phone				School		School District	
Age	Grade	Birthdate	Primary Email Address (Parent's):			Shirt Size:	

Mother's (Parent/Guardian) Information

First Name		Last Name		Parent <input type="checkbox"/>	Guardian <input type="checkbox"/>
Work Phone		Emergency Number		pgr <input type="checkbox"/> cell <input type="checkbox"/> other <input type="checkbox"/>	

Father's (Parent/ Guardian) Information

First Name		Last Name		Parent <input type="checkbox"/>	Guardian <input type="checkbox"/>
Work Phone		Emergency Number		pgr <input type="checkbox"/> cell <input type="checkbox"/> other <input type="checkbox"/>	

Emergency Contact Information

First Name		Last Name		Relative <input type="checkbox"/>	Friend <input type="checkbox"/>
Work Phone		Emergency Number		pgr <input type="checkbox"/> cell <input type="checkbox"/> other <input type="checkbox"/>	

Emergency and Medical Information

Child's Doctor		Phone	Hospital
Allergic Reactions to (please circle) Bee Stings Drugs Foods Other			Any Physical Restrictions?
Chronic or recurring medical Conditions			
Insurance Carrier		Policy Number	
Address		Phone	
Medicine currently being taken		Dosage/interval of administration	

In Case of Emergency, I hereby give my permission to the hospital, physician, or dentist to provide emergency treatment for my child listed on this form: this includes the administration of injections, anesthesia, and/or emergency surgery as deemed necessary by my child's condition. I understand that every reasonable attempt will be made to contact me prior to such treatment.

Signature	Relationship	Date
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Payment Information

Payment made be made by cash or check only. Please make checks payable to NACC Theatre.
Registration will open May 21 at 9:00 am. Registration will close at 35 students.
Only immediate family members may register students.
Registration will not be confirmed unless payment is received.
For further information, contact 256-638-4418, extension 218.

I hereby acknowledge that the registration fee is non-refundable and under no circumstances will it be refunded. I understand the student is required to attend all days of the workshop. I understand that NACC Theatre retains the right to use photographs/video images of participants taken during this event for publicity

Signature	Relationship	Date
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