



Child's First and Last Name _____

Child's Date of Birth _____

Grade in September, 2014 _____

Parent/Guardian First and Last Name _____

Address _____

Email _____

Home Phone _____

Cell Phone _____

Vacation/Camp dates _____

Emergency Contact and phone number (someone other than parent/guardian)

Allergies/Medical conditions /Medications

Special talents, for example, juggling _____

Extra Rehearsals will be added parent's initials _____

I am able to help with costumes Yes No

Comments, questions, concerns _____

WAIVER

I hereby release and forever discharge owners, instructors, staff, guests, other participants, and any and all other parties of liability for any claims, demands, actions, and causes of action of every name and nature which I have upon or against owners, instructors, staff, guests, other participants and any and all other parties, including especially any claims arising out of any and all personal injuries, damages, expenses, and any loss or damage whatsoever, resulting to or from my participation in class at Anderson Anderdaughter Children's Theater co.

Parent's Signature _____

**Checks made payable to:
Anderson Anderdaughter 440 Gorwin Dr Hanson, MA 02341**