



Missoula Children's Theatre



Participant's Name: _____ Age: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Additional Phone: _____ Email: _____

School: _____ Grade: _____

Participation is FREE for all Moore County Children!

Participation Disclosure:

I agree to allow my child to participate in the Missoula Children's Theatre Production offered by the Arts Council of Moore County (ACMC). I understand that my child must abide by all workshop rules as a condition of participation. I am aware that activity may cause accident or injury as a direct or indirect result of participation. I also agree to assume all risks involved in my child's participation in the workshop. I further agree to release ACMC, its employees, volunteers, and agents from any responsibility should an accident occur. I also release any pictures taken during the program to be used for promotional purposes by the ACMC.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Information:

1. Parent/Guardian Name: _____

Primary Phone: _____ Alternate Phone: _____

2. Additional Emergency Contact: _____

Primary Phone: _____ Alternate Phone: _____

Medical Information:

Please make sure your child takes all medications prior to attending the workshop. Instructors will not administer medication to children unless it's a medical emergency (allergic reaction/asthma attack). Please list any medical conditions or allergies that may impact your child's participation below:

(Performances: Adult Tickets are \$10 for non-members and \$5 per ACMC members. Children Tickets are \$5 for non-members and free for ACMC members. Children under 3 are free.)

NOTE: You may sign up for a membership and receive your discount immediately.

Make Checks Payable to "ACMC" **TOTAL ENCLOSED: \$** _____ **Received on:** _____