

Missoula Children's Theatre



Participant's Name:	Age:
Mailing Address:	
City:	Phone:
School:	Grade:
Emergency Contact Information:	
1. Parent/Guardian Name:	
Primary Phone:	Alternate Phone:
Email:	
2. Additional Emergency	
Contact:	
Primary Phone:	Alternate Phone:
<u>Participation i</u>	s FREE for all Moore County Children!
Participation Disclosure:	
(ACMC). I understand that my child must abicause accident or injury as a direct or indirect participation in the workshop. I further agree	Missoula Children's Theatre Production offered by the Arts Council of Moore County le by all workshop rules as a condition of participation. I am aware that activity may result of participation. I also agree to assume all risks involved in my child's to release ACMC, its employees, volunteers, and agents from any responsibility ictures taken during the program to be used for promotional purposes by the ACMC.
Parent/Guardian Signature:	Date:
Medical Information:	
administer medication to children un	medications prior to attending the workshop. Instructors will not less it's a medical emergency (allergic reaction/asthma attack). Please s that may impact your child's participation below: