

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: _____

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: _____

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:
