

EMERGENCY/WAIVER

Emergency Information (Please type or print clearly)

Child's Name _____

Nickname: _____ Age: _____ DOB: _____

Address: _____

City/Town: _____ Zip: _____ Home Tel: _____

School: _____ Grade: _____

Parent or Guardian Information

Name's _____

Cell Phone _____ Work Phone _____

E-MAIL: _____

Emergency Contact Persons: (Friend or relative, other than parent, who could come to take your child in case of illness or other emergency when we cannot reach you)

Name: _____ Relationship to Child: _____

Home Tel: _____ Cell: _____ Work : _____

Address: _____

Emergency Medical Conditions: (allergies, medication etc.)

Additional Information which will help us to get to know your child (Intern). (use back if you like)**WAIVER**

I understand that MLT is not responsible for illness or injuries affecting my child (child's name) _____, nor for his/her possessions, while participating in the Children's Program; I release MLT from any such responsibility and waive any claims against MLT and its directors, trustees, officers, instructors, agents and volunteers in this regard.

You hereby give permission to Marblehead Little Theater to use (child's name) _____, portrait, video image or voice recording for the purpose of fundraising, advertising, and promoting MLT performances, the MLT organization, and MLT projects in general.

NO YES Yes with these restrictions _____

Parent's Signature: _____ Date: _____

Print Name: _____

(Parent's name)

Return this form before rehearsals start to:

MLT-Children's Program
12 School Street Marblehead, MA 01945