

CENTERSTAGE!

3200 SW Dash Point Road, A-1, Federal Way, WA 98023

253.661.1444 www.centerstagetheatre.com centerstagetheatre@yahoo.com

Class Enrollment Form

Student's Name: _____ Age: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Parent Cell: _____

Email Address: _____

Parent/Guardian Name(s): _____

I, _____ the parent/legal guardian of _____

Photo Release

Authorize Centerstage permission to publish in print, electronic, or video format the likeness or image of my child/ward. I release all claims against Centerstage with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Signature: _____ Date: _____

Medical Release/Consent for students

Authorize and consent (if I cannot be contacted) to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment. I agree not to hold Centerstage or it's employees liable for any illness or injury which may occur.

Child's Physician: _____ Phone: _____

Regular medications and reason for taking: _____

Allergies, including medications reactions: _____

Emergency Contact: _____ Phone: _____

Signature: _____ Date: _____