



## Workshop Registration

PLEASE PRINT

Name of Workshop: \_\_\_\_\_

Registration Fee: \$\_\_\_\_\_

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Cell): \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Participant E-Mail: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

Parent E-Mail: \_\_\_\_\_

Sex: Male Female Age: \_\_\_\_\_

How did you hear about the workshop? \_\_\_\_\_

Permission is granted to take photos to be used in brochures, websites, posters, ads, etc. Permission is hereby granted for AYT to copyright such photos (for safety purposes, actors will not be identified by name).

**Medical Treatment Authorization** - In the event of illness or injury occurring to my child while participating with Actor's Youth Theatre, I hereby give my consent for medical or dental care deemed necessary by the attending health care provider or dentist. My child may be examined and any necessary procedures (medical, dental or surgical), anesthesia or diagnostic procedures (lab or x-ray) may be performed under the supervision of a member of the hospital or medical office staff furnishing such services. I further acknowledge that I am financially responsible for any medical, dental, ambulance or other health care expenses or transportation of my child home, which might occur as a result of such illness or injury. I understand that, in the event of major illness or injury, reasonable effort will be made to contact me.

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Parent/Guardian Signature

Date

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PRINT name of Parent/Guardian

Please mail completed form and payment to: AYT, P.O. Box 30065, Mesa, AZ 85275-0065