



STUDENT INFORMATION / EMERGENCY SHEET

STUDENT'S NAME: _____

MAILING ADDRESS: _____

CITY: _____ ZIP: _____

DATE OF BIRTH: _____ HOME PHONE: _____

STUDENT'S CELL PHONE: _____

STUDENT'S E-MAIL ADDRESS: _____

(Include e-mail address in Circle Theatre's Weekly Update: Yes No)

PARENTS' NAMES: _____

FATHER'S CELL PHONE: _____

MOTHER'S CELL PHONE: _____

FATHER'S E-MAIL ADDRESS: _____

(Include e-mail address in Circle Theatre's Weekly Update: Yes No)

MOTHER'S E-MAIL ADDRESS: _____

(Include e-mail address in Circle Theatre's Weekly Update: Yes No)

ALLERGIES, MEDICAL CONDITIONS, ETC.: _____

PARENTS' WORK/EMERGENCY NUMBERS: _____

Release and Consent

My signature below indicates that

- I agree to release and hold harmless Circle Christian School and Circle Theatre Company, its staff and employees, and the facility hosting the program from any liability in the event that any member of my family, including myself, incurs injury while attending activities related to this program.
- I hereby authorize the director to seek emergency medical assistance, if necessary, for the above named child(ren). I understand that efforts will be made to contact me in case of an emergency.

Signature: _____ Date: _____

Please submit completed form to Becky Saunders by August 27, 2010.