



Village Theatre Guild, Ltd presents

Kids on Stage

Summer Theater Workshops For Young People

Registration and General Medical Form

(Please complete both pages of this form and submit by **May 28th**)

Student's Name: _____

Address: _____

City: _____ Zip: _____ Home Phone: _____

Student's Grade Level for upcoming school year: _____

T-Shirt Size: Small Child: S M L Adult: S M L XL

Mother's Name: _____ E-mail: _____

Cell Phone: _____ Work Phone: _____

Father's Name: _____ E-mail: _____

Cell Phone: _____ Work Phone: _____

Does the student take any medication? Yes No

If Yes, please specify _____

In case of illness or accident, who should be contacted if parents are not available?

Name: _____ **Relation:** _____

Phone: _____

Name: _____ **Relation:** _____

Phone: _____

Doctor's Name: _____ **Phone:** _____

Doctor's Address: _____ City: _____ Zip: _____

Hospital Preference, if Required: _____

Class Selection

Creative Dramatics: Saturday at 10:00 AM Saturday at 11:30 AM

Theatre Games, Improv and the Young Actor: Wednesday 6:00 PM

Scene Study: Wednesday 7:30 PM

Fee of \$30 per class, \$ _____

Checks should be made payable to: **VTG**

Village Theatre Guild's Mission statement

To provide opportunities, in a social atmosphere, to cultivate talents and enrich personal perspective through high-quality theatre and educational development, while fostering a sense of pride and ownership in the community.



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Emergency Medical Treatment Authorization

I, _____ (parent) of _____, who will be a student enrolled in the _____ (year) summer session at Village Theatre Guild, Ltd. (hereafter referred to as "VTG") ("Kids on Stage") do hereby expressly authorize any of the following steps, when deemed necessary and appropriate by VTG staff to be taken by VTG in the event of a medical emergency involving my child/ward which may arise while on the premises of VTG or at a VTG sponsored activity.

1. To notify, and to request aid from, if appropriate, trained emergency medical personnel for immediate treatment of my child/ward.
2. To transport my child/ward to the nearest medical facility for appropriate medical treatment.

It is agreed that VTG staff will have the exclusive and immediate right to determine when, in his/her judgment, such a medical emergency shall exist. If, in the judgment of VTG staff, it is appropriate under the circumstances, VTG may attempt to contact me, as the parent/guardian, before taking any of the above-listed emergency steps.

It is agreed that if and when VTG does report the matter to me, as the parent/guardian, VTG no longer has principal responsibility for the emergency care of my child/ward, but becomes the agent of me, the parent/guardian.

It is agreed that any and all such emergency related medical expenses for the necessary treatment of my child/ward will be the complete responsibility of myself, as the parent/guardian.

It is agreed that I, as parent/guardian, will indemnify and hold VTG and/or its agents and employees harmless from and against any and all claims and losses which may be incurred, or which may be claimed, as a result of the alleged acts or alleged failures to act during the emergency.

I further advise that my child/ward has the following medical condition(s) and the required treatment of (if none, please write "NONE"); _____

Family Physician: _____

Phone: _____

Parent/Guardian Signature: _____ **Date:** _____