



Student Name:	(for office use)
Location:	
Session:	Received on:
Group:	Entered on:

Please fill out a separate form for each student and each session. Keep a copy for your records. You must turn in this completed form along with a copy of the student's immunization records on or before the first day of camp. Your student may not participate in camp until these documents are received by the Education Manager. You may email these forms and immunization records to register@mainstreettheater.com, or surrender them upon check in of your student on the first day of camp. Please check all boxes acknowledging you agree with each statement and print and sign your name where indicated.

LIABILITY RELEASE AGREEMENT

By signing below, I, (Parent/Guardian) _____, on behalf of (Student) _____, a minor, hereby release Main Street Theater (MST), a Texas nonprofit corporation, and Main Street Theater's directors, agents, employees, subsidiaries, successors, and owners, and any other people officially connected with this program (the "released parties") from any and all liability for damage to or loss of personal property, illness, or personal injury including but not limited to death, occurring during classes and events at or affiliated with MST.

- I understand that by signing below, I am releasing any and all causes of action that I or the Student, or our heirs, executors or assigns have had, have, or may have involving the released parties.
- I acknowledge that MST cannot dispense, monitor, or maintain medication, and I specifically release the released parties from any and all liability resulting from action taken in the event of a medical emergency.
- I recognize that it is my responsibility to disclose to the Education Manager any condition, including but not limited to illness, injury, chronic condition, disability or special need that may influence the Student's participation in MST.
- I further authorize the use or disclosure of personally identifiable health information for the Student should emergency treatment for illness or injury become necessary.
- I understand that the participation in MST classes is entirely voluntary and that the Student may be removed from classes at the sole discretion of the Director of Education in accordance with MST policies.
- I understand that MST is required by law to report suspected Student abuse, and that any and all information I supply to MST in any form may be passed on to the proper governmental authorities if Student abuse is suspected.

MEDIA RELEASE AGREEMENT

- I give my consent and permission to allow my Student to be photographed, filmed, interviewed, or otherwise recorded for marketing and archival purposes (including: future brochures, press releases, websites, publicity, advertising, promotional and/or commercial material) without reservation or limitation.
- I give my consent and allow my Student's name, age, school, and ZIP code to be used for the purpose of grant reporting.

TRANSPORTATION AUTHORIZATION (Only the person(s) listed below will be considered as an authorized person for dismissal)
 PARENTS/GUARDIANS (**OTHER THAN THE PARENT/GUARDIAN SIGNING THIS FORM**) MUST BE LISTED BELOW TO BE CONSIDERED AUTHORIZED. I hereby give my permission for the above-named student to be released to the following person(s):

Full Name:	Relationship to Student:	Phone:
Full Name:	Relationship to Student:	Phone:
Full Name:	Relationship to Student:	Phone:

In signing this agreement I release the released parties from liability once the above-named student is picked up by an authorized adult whom I designate. I understand that changes or additions to this list must be made in writing.

PARENT/GUARDIAN ACKNOWLEDGEMENT

- This is to acknowledge that I, (Parent/Guardian) _____, am the parent or legal guardian of (Student) _____, a minor, and that I am eighteen years of age or older.
- I acknowledge that I have fully read and understood the information contained in the Main Street Theater Liability Release Agreement, Media Release, Transportation Authorization, and General Information and Policies and am responsible for compliance with the policies therein.
- I am signing this release on behalf of all parents or legal guardians of my Student now or in the future.
- Furthermore, I assume sole responsibility for informing my Student and other adults involved in my Student's care of the contents of the Liability Release Agreement, Media Release, Transportation Authorization, and General Information and Policies.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Full Name: _____

Phone Number: _____ Email Address: _____



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EMERGENCY CONTACT & MEDICAL FORM

This form will be shared with your student's teachers, teacher assistants and site directors.

(THIS PAGE IS NOT REFERENCED FOR TRANSPORTATION AUTHORIZATION)

To authorize a person(s) to pick up your student list them under "Transportation Authorization".

Parent/Guardian 1	Parent/Guardian 2
Full Name:	Full Name:
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
Email Address:	Email Address:

Other Guardian (optional)	Emergency Contact (Not a person already listed; optional)
Full Name:	Full Name:
Relationship to Student:	Relationship to Student:
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
Email Address:	Email Address:

Physician	Insurance
<input type="checkbox"/> In case of a medical emergency, when parents/guardians and emergency contact cannot be reached, I authorize MST to contact my Student's physician. <input type="checkbox"/> I waive the right to list contact information for a physician.	<input type="checkbox"/> In case of medical emergency, when parents/guardians and emergency contact above cannot be reached, I authorize MST to use my Student's insurance information. <input type="checkbox"/> I waive the right to list my insurance information.
Physician's Name:	Name of Primary Policyholder:
Main Phone:	Insurance Company:
Preferred Hospital:	Group No: Policy No:

Known Allergies/Chronic Conditions:
<p>If your Student has an allergy or chronic condition, please attach a written Action Plan detailing allergens, symptoms of a reaction, and steps to be taken in case of a reaction; and provide the Site Director with the necessary medications (such as Benadryl tabs, an Epi-Pen or Emergency Response Kit). MST cannot dispense, monitor, or maintain medication for any student EXCEPT in the event of an allergic reaction or asthma attack for which we have received an Action Plan and the necessary medication. In the liability release agreement, you have specifically released us from liability resulting from actions taken in the case of a medical emergency.</p> <p>Please list any illnesses, injuries, or medical conditions that may influence this student's participation in our program:</p>
<p>***YOU MUST INCLUDE A COPY OF THE STUDENT'S IMMUNIZATION RECORDS WHEN SUBMITTING THIS FORM***</p>