

MTA Contact Information Form



Performers Last Name: _____ First: _____ MI: _____ DOB: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

School: _____ Grade: _____ District: _____

1. Parent/Guardian Last Name: _____ First: _____

Home #: _____ Cell #: _____ Work #: _____

Email: _____

Employer: _____ Title: _____

Special Interest/Skills: _____

(I.e., sewing, event planning, construction, musical instrument)

2. Parent/Guardian Last Name: _____ First: _____

Home #: _____ Cell #: _____ Work #: _____

Email: _____

Employer: _____ Title: _____

Special Interest/Skills: _____

IN CASE OF EMERGENCY, PLEASE CONTACT: _____

Allergies/Special Health Considerations: _____

Insurance Co. _____ Policy # _____ Hospital Preference _____

Authorization to Consent to Medical Treatment

I (We), the undersigned, do hereby authorize representatives of Musical Theatre of Anthem (i.e. directors, staff, identified volunteers, board members) to serve as agents for the undersigned to consent to any X-ray exam, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician or surgeon. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

I (We) also understand and agree that MTA will not be responsible for injuries occurring to self/child while attending or participating in any MTA function. This authorization shall remain valid for the duration of the participant's current registration with MTA. For the safety of my child/myself as well as other, I have disclosed any and all medical information regarding the performer. I understand that failure to disclose any of the above information could result in my child's/my exclusion and/or dismissal from the production.

Signature _____ Date _____

(Parent or Guardian if under 18)