

Contact Information

Performer's Name		
Last First	MI	Date of Birth
Address		
Address		School (if applicable)
Home Phone		
Cell Phone		Grade
Email Address		Division
1. Parent/Guardian Name		District
Last First		
Home Phone		
Cell Phone		
Email Address		
Employer		
Title		
Work Phone		
Special Interest/Skills		
(i.e. sewing, event planning, construction, musical instrument)		
2. Parent/Guardian Name		
Last First First		
Home Phone		
Cell Phone		
Email Address		
Employer		
Title		
Work Phone		
Special Interest/Skills		
(i.e. sewing, event planning, construction, musical instrument)		
IN CASE OF AN EMERGENCY, PLEASE CONTACT		
Allergies/Special Health Considerations		
Insurance Co. Policy #	#	Hospital Preference
Authorization to Consent to Medical Treament		
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 waive		•
reached in the case of an emergency.	applies only	in the event that heither parent/guardian can be
reactied in the case of an emergency.		
I (We) also understand and agree that MTA will not be responsible for injuries which occur to self/child while attending or		
participating in any MTA function. This authorization shall re	•	•
with MTA.	main valid ioi	the duration of the participant's current registration
WILLIA.		
For the safety of my child/myself as well as other, I have disc	losed any and	all medical information regarding the performer.
understand that failure to disclose any of the above information		
production.	Jii Could I Coull	thirmy office army exclusion and/or distribution file
production.		
Signature	Date	
(Parent or Guardian, if under 18)		