

FRANKLIN THEATRE WORKS / ENSEMBLE THEATRE OF NEW JERSEY  
REGISTRATION / MEMBERSHIP / EMERGENCY CONTACT FORM 2010-2011

DATE \_\_\_\_\_

Please print clearly Participant's last name first

Name \_\_\_\_\_ grade \_\_\_\_\_

Name \_\_\_\_\_ grade \_\_\_\_\_

Name \_\_\_\_\_ grade \_\_\_\_\_

Parents/Guardians Names \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Email : \_\_\_\_\_

Parent/Guardian Text Message Number \_\_\_\_\_

Best Telephone Number \_\_\_\_\_

Mother/Guardian Work \_\_\_\_\_ Cell \_\_\_\_\_

Father/Guardian Work \_\_\_\_\_ Cell \_\_\_\_\_

Physician Telephone \_\_\_\_\_

Insurance Information \_\_\_\_\_ Policy Number \_\_\_\_\_

Emergency Contacts in the event we cannot reach you.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Home \_\_\_\_\_ Work or Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Home \_\_\_\_\_ Work/Cell \_\_\_\_\_

Special comments or instructions:

\_\_\_\_\_

Please circle one of the levels of membership.

Member \$100

Family \$150

Friend \$200

Patron \$500

Sponsor \$1000

Name \_\_\_\_\_

As you wish it to appear in the playbill

Check this box if you DO NOT wish to be listed

FRANKLIN THEATRE WORKS / ENSEMBLE THEATRE OF NEW JERSEY  
AUTHORIZATION / ASSUMPTION OF RISK AND MEDICAL RELEASE FORM 2010-2011

DATE \_\_\_\_\_

In consideration of being permitted to participate in the theatre arts program including activities such as acting, dance, stage combat, voice, play and musical production with all its technical requirements including lighting and set construction conducted by: FRANKLIN THEATRE WORKS/ ENSEMBLE THEATRE OF NEW JERSEY, A NJ NONPROFIT CORPORATION (HERE IN AFTER REFERRED TO AS FTW/ETNJ) at any and all of its locations.

I, (parent) \_\_\_\_\_  
do hereby agree to assume all the risks and responsibilities thereto for my child /children

Further, I hereby represent to FTW/ETNJ, that my child is capable of participation in these activities and understand that participants are encouraged to consult a physician prior to any participation. \_\_\_\_\_(initials)

I give FTW/ETNJ permission to use my child's name, photograph or video clip as may be used for publicity purposes. \_\_\_\_\_(initials)

I agree to make FTW/ETNJ aware of any special considerations or concerns in writing, pertaining to any potential treatment of your child in the case of emergency, or of any special condition or allergy your child may have. \_\_\_\_\_(initials)

I hereby authorize any necessary medical treatment for this/these persons while they are participating in the FTW/ETNJ programs. I also guarantee payment of all charges incurred during this medical treatment (PHYSICIAN, HOSPITAL, XRAY, LAB, MEDICATION, AMBULANCE, ETC) I understand that in case my child should need testing or serious medical attention, that I, the parent will be called immediately for guidance on the situation. I also understand that should the parent not be available, a designated emergency contact person will be called. \_\_\_\_\_(initials)

And, I hereby recognize the risks of illness and injury inherent in any activity based program, and my child is participating upon the express agreement and understand that I do for myself, my heirs, and personal representatives agree to defend, hold harmless, indemnify, release, and forever discharge FTW/ ETNJ, its respective officers, agents, representatives and employees from and against any and all rights, claims, demands, and actions or causes of action - including attorney's fees and court costs - on account of damage to personal property, personal injury, or death which may result from my participation , or my child, in the recreation, theatre arts program.

By my signature below, I hereby confirm my understanding of this release statement holding FTW/ETNJ and Franklin Township School, Clinton Township Middle School, Patrick McGaheran, Thomas B. Conley, North Hunterdon High School, or any venue at which FTW/ETNJ is conducting either classes, workshops or presentations, and their Boards of Directors harmless, and acknowledge that they do not carry health nor accident insurance to cover participants of this program and that the participants are hereby encouraged to obtain full insurance coverage prior to participation in this hereto mentioned theatre arts program.

I also understand that the Board of FTW/ETNJ and Mrs. Pambianchi have set rules forth for the benefit of all participants. I understand that I release FTW/ETNJ, FTS, Mrs. Pambianchi and all theatre staff members, volunteers and all program chaperones from any and all legal matters concerning medical or discipline.

I, the undersigned, I have read and understand the information furnished on this form is accurate,

X \_\_\_\_\_ Date \_\_\_\_\_  
Parent if under 18 years of age

Print Name \_\_\_\_\_

*Please print clearly Participant's last name first*

Name \_\_\_\_\_ grade \_\_\_\_\_

Name \_\_\_\_\_ grade \_\_\_\_\_

Name \_\_\_\_\_ grade \_\_\_\_\_

Parent/Guardian Names : \_\_\_\_\_

Parent/Guardian Email : \_\_\_\_\_

Parent/Guardian Text Message Number : \_\_\_\_\_

Best Telephone Number to reach you : \_\_\_\_\_

### **Volunteer Commitment**

*I can help in the following areas*

*Please circle all that may apply, we will schedule you as needed and arranged with your schedule.*

- **Class Chaperone / Assistant** : each class or rehearsal requires a chaperone
- **Seating Risers** : Set Up Break Down Chairs set up/break down
- **Set** : Construction Set Up Break down Transportation Painting
- **Cleaning** : Back Stage Stage House
- **House Set Up** : Managers Monitors Ushers Refreshment Coordinators Sound
- **Production Help**: Back Stage (Preferably not for your child's show) Hair Make up Stage Management
- **Costumes** : Cleaning Organizing Sewing/Repair Transportation
- **Publicity** : Poster and Flyer Distribution Borders Table Community Awareness Facebook
- **General Administration** : Typing Filing Copying Web Site Cataloging Mailings
- **Advertising and Tickets** : Playbill Ads Sales "Break a leg" Ad Sales Ticket Managers
- **Fundraising** : Special Events Grant Writing Donor Drive
- **Special Skills** : Please tell us if you have a specialty or service you wish to offer.