

FRANKLIN THEATRE WORKS - SUMMER PROGRAMS 2010

REGISTRATION / EMERGENCY CONTACT FORM

PROGRAM \_\_\_\_\_

Please print clearly Participant's last name first

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

Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_ Cell telephone \_\_\_\_\_

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

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

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

Mother/Guardian Cell phone \_\_\_\_\_ text Yes No

Father/Guardian Cell phone \_\_\_\_\_ text Yes No

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:

**FRANKLIN THEATRE WORKS  
AUTHORIZATION / ASSUMPTION OF RISK AND MEDICAL RELEASE FORM**

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 it's technical requirements including lighting and set construction offered by:  
FRANKLIN THEATRE WORKS, A NJ NONPROFIT CORPORATION  
(HERE IN AFTER REFERRED TO AS FTW 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, 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 permission to use my child's name, photograph or video clip as may be used for publicity purposes. \_\_\_\_\_(initials)

I agree to make FTW 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, its respective officers, agents, representatives, volunteers 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 and or any venue at which FTW is conducting either classes, workshops, camps 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 has set rules forth for the benefit of all participants. I understand that I release FTW and all theatre staff members, volunteers, program guest artists, 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 \_\_\_\_\_

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

Parents initials and signature are required for all those under 18 years of age.