## Richmond Community Theatre Young People's Theatre Registration Form

Child's Name:						
15(9/6)	First	Middle		Last		Nickname
Address: Street Address		Ci			State	7:- 0-1
		G	-		100 710170	Zip Code
Phone: ( )			_ Email:			
Gender: Male	Female	Date of Birth:		Age: _	Last School G	rade Attended:
T-shirt size: (circle on	e: Adult / Yo	uth)				
\$855						
Parent or Gaurdian Na	ime:	First	MATERIA.		Year	
A ddrace.			Middle		Last	
Address: Street Address		Ci	ty		State	Zip Code
Daytime phone: (	)	Home phone: (	1		Cell phone: (	)
Duyume phone: (		rione phone. (_			- Cen phone. (	2
Additional Parent/Gua	ardian Name	i.				
		First	,	Middle	Last	
Address:						
Street Address	5."	Ci	ty		State	Zip Code
Daytime phone: (	)	Home phone: (	)		Cell phone: (	)
		Madicalla	C	7		
		Medical In	tormation	·		
Known allergies to for	nd drugs in	sect strings or bites, etc				
renown unergies to re-	ou, orago, in	sect strings or ones, et				
Special medical conce	rns or condi	tions that theatre staff	should kn	ow about	, such as epilepsy,	asthma, diabetes,
previous injuries to bo						
# + 1						
List special dietary ne	eds:	Please note there will not	be a snack tim	e. However.	et us know if they have spec	ial needs i.e. diabetes etc.
Medications currently	heing taken	(name of medication,	dose and	frequenc	v).	
wedications currently	ocing taken	(name of medication,	dose, and	rrequenc	j)	
-						
Family Physician Nan	ne:				Phone:	
Address:				_		
		Insurance In	ntormatio	n		
Haalth Incurance Com	mony	(C)			Policy #:	
ricaiui insurance Con	ipany				oney #.	
Company Address:						
Company Phone:						