

Richmond Community Theatre  
Young People's Theatre Registration Form

Child's Name: \_\_\_\_\_  
First Middle Last Nickname

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Last School Grade Attended: \_\_\_\_\_

T-shirt size: (circle one: Adult / Youth) \_\_\_\_\_

Parent or Gaurdian Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street Address City State Zip Code

Daytime phone: ( ) \_\_\_\_\_ Home phone: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

Additional Parent/Guardian Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street Address City State Zip Code

Daytime phone: ( ) \_\_\_\_\_ Home phone: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

**Medical Information**

Known allergies to food, drugs, insect strings or bites, etc:

Special medical concerns or conditions that theatre staff should know about, such as epilepsy, asthma, diabetes, previous injuries to bones/joints, etc:

List special dietary needs: \_\_\_\_\_  
Please note there will not be a snack time. However, let us know if they have special needs i.e. diabetes etc.

Medications currently being taken (name of medication, dose, and frequency): \_\_\_\_\_

Family Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Insurance Information**

Health Insurance Company \_\_\_\_\_ Policy #: \_\_\_\_\_

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

Company Phone: \_\_\_\_\_