



# 101 Dalmatians Registration Form

## **BASIC INFORMATION**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  M  F

All E-Mail Addresses for Class List: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Student T-Shirt Size: (check one)  YS  YM  YL  AS  AM  AL  AXL

## **EMERGENCY CONTACT** (other than parents)

Name and Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## **MEDICAL INFORMATION**

Insurance Company: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Pediatrician/Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any allergies, medical conditions, special needs, physical or mental disabilities, or anything of which the school should be aware:

## **STATEMENT**

By signing below, I attest that the information provided on this form is correct, and will notify Brightstone Productions in writing of any changes. I have read, understand, and agree to abide by the policies stated above, as well as on the separate Rules and Regulations sheet. I give Brightstone Productions and its staff permission to seek treatment in case of an emergency. I release Brightstone Productions and its employees of all liability should I, or my child, become injured while in class or rehearsal during class or rehearsal times, while waiting for class or rehearsal, while waiting for a ride for class or rehearsal, or while working with Brightstone Productions in any capacity.

Date

Student Signature

Parent Signature

For office use only:

\$25 Registration Fee: Date Paid \_\_\_\_\_ Method:  Cash  Ch# \_\_\_\_\_  CC Type \_\_\_\_\_

1. Date: \_\_\_\_\_ Amount: \_\_\_\_\_ (  Cash  Ch# \_\_\_\_\_  CC Type \_\_\_\_\_ ) Owed: \_\_\_\_\_

2. Date: \_\_\_\_\_ Amount: \_\_\_\_\_ (  Cash  Ch# \_\_\_\_\_  CC Type \_\_\_\_\_ ) Owed: \_\_\_\_\_

3. Date: \_\_\_\_\_ Amount: \_\_\_\_\_ (  Cash  Ch# \_\_\_\_\_  CC Type \_\_\_\_\_ ) Owed: \_\_\_\_\_

Paid in full