



# Little Lancer Theatre

## Registration Form

<b>Student's Name:</b>		<b>Grade:</b>
<b>Parent's Name (s):</b>		
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone: (    )</b>		<b>Cell Phone: (    )</b>
<b>Work Phone: (    )</b>		<b>E-mail:</b>
<b>Emergency Contact Information</b>		
<b>Name:</b>		
<b>Phone: (    )</b>		<b>Phone: (    )</b>
<b>Name:</b>		
<b>Phone: (    )</b>		<b>Phone: (    )</b>
<b>Any known allergies or medical conditions:</b>		
<b>Physician's Name:</b>		<b>Phone: (    )</b>
<i>I hereby consent that photographs and/or video may be taken of my child. I understand and agree that the use of the pictures/video is not an invasion of privacy. Neither I nor anyone claiming to be speaking on my behalf will later object to the use of these photographs/video for the purposes of the Little Lancer Theatre.</i>		
Parent/Guardian Signature: _____		