



320 W. Seventh Street Suite 200
 Royal Oak Michigan 48067
 (248) 399-3727
 Patrick Nelson Hanley, Education Director
education@waterworkstheatre.com

***KidsAct!* REGISTRATION INSTRUCTIONS**

1. Complete the form below.
2. Enclose payment of \$260. This includes a KidsAct! Tee shirt!
 Checks should be payable to *Water Works Theatre Company*.
 Or pay on our website: www.shakespeareroyaloak.com.
3. Mail original to: 320 W. Seventh Street, Ste. 200, Royal Oak MI 48067

Student Name _____

Student Birthdate _____ Grade Entering _____ Tee Shirt Size _____

Parent/Guardian Names _____

Address _____ City _____ State/Zip _____

Main Phone _____ Alternate Phone _____

Email address _____

MEDICAL/EMERGENCY INFORMATION

Emergency Contact _____

Name/Phone _____

Allergies _____

Medical Conditions or restrictions (use reverse side if needed): _____

PARENTAL AUTHORIZATION AND WAIVER

In case of a medical emergency, I understand that every effort will be made to contact the listed parents or guardians of the child. In the event they cannot be reached, I, the parent or guardian of the child, authorize Water Works Theatre Company’s agent to admit the child for any and all necessary emergency medical treatment. Said agent is authorized to act in accordance with their judgment in any such emergency and is absolved from liability or financial responsibility in connection herewith. I do not authorize Water Works Theatre Company to assume any fiduciary relationship with my child other than the expressed authorization to admit to emergency care. I hold Water Works Theatre Company and its employees harmless from any liability arising from my child’s participation in the *KidsAct!* program. I give Water Works Theatre Company permission to release and use child’s image only in connection with the program for archival or marketing purposes, and restrict the company from using my child’s name publicly, except for media inquiries in connection with the activities of *KidsAct!*

Signature Parent or Guardian

Date