



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

TEEN ENSEMBLE REGISTRATION INSTRUCTIONS

1. Complete the form below.
2. Enclose payment of \$300.
Checks should be payable to Water Works Theatre Company.
Or pay on our website: www.shakespearerovaloak.com.
3. Mail original to: 320 W. Seventh Street, Ste. 200, Royal Oak MI 48067

Student Name _____
Student Birthdate _____ Grade Entering _____
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, every effort will be made to contact the listed parents or guardians of the student. In the event that contact is unsuccessful and in an emergency I, the parent or guardian of the child, authorize Water Works Theatre Company's agent to admit the student for any necessary emergency medical treatment. Said agent is authorized to act in accordance with their reasonable judgment in any 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 agents harmless from any liability arising from my child's participation in the Water Works Teen Ensemble (WWTE) program. I give Water Works Theatre Company permission to use the student's image in connection to the program's archival, marketing, and fundraising; I restrict the company from using the student's name publicly, except for media inquiries in connection with WWTE.

WATER WORKS THEATRE COMPANY IS NOT AUTHORIZED TO ACT AS A FIDUCIARY FOR THE STUDENT'S MEDICAL CARE AND DOES NOT DISPENSE MEDICATION.

Signature Parent or Guardian

Date