



320 W. Seventh Street Suite 200  
 Royal Oak Michigan 48067  
 (248) 399-3727  
 Frannie Shepherd-Bates, Director of Education  
 frannie@waterworkstheatre.com



**Water Works Teen Ensemble  
 July 17-31, 2017**

**REGISTRATION INSTRUCTIONS:**

1. Complete the form below.
2. Enclose payment of \$300. Checks should be payable to Water Works Theatre Company.
3. Mail to: Water Works theatre Company, 320 W. Seventh Street, Ste. 200, Royal Oak MI 48067 or register on the website, [www.shakespeareroyaloak.com](http://www.shakespeareroyaloak.com)
4. Registrations must be received by June 30, 2017.

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Grade in Fall 2017 \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Email \_\_\_\_\_

**Medical Emergency Information**

Doctor Name/Phone \_\_\_\_\_  
 Dentist Name/Phone \_\_\_\_\_  
 Emergency Contact Name/Phone \_\_\_\_\_  
 Allergies \_\_\_\_\_  
 Medical Conditions or restrictions we should know about in order to best serve your child:

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

**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* 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 *Water Works Teen Ensemble*.

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Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_