



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



**Water Works Teen Ensemble: July 16-30, 2019**

REGISTRATION INSTRUCTIONS:

1. Complete the form below.
2. Enclose payment of \$300. Checks should be payable to Water Works Theatre Company. 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)
3. Registrations must be received by June 30, 2019.

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade in Fall 2019 \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 Cell phone \_\_\_\_\_ WorkPhone \_\_\_\_\_ Email \_\_\_\_\_

**Student’s Emergency Medical Information**

Doctor Name/Phone \_\_\_\_\_  
 Dentist Name/Phone \_\_\_\_\_  
 Emergency Contact Name/Phone \_\_\_\_\_  
 Allergies or Medical Conditions we should know about \_\_\_\_\_

**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 child. 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 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 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 child’s image in connection to the program’s archival, marketing, and fundraising; I restrict the company from using my child’s name publicly, except for media inquiries in connection with *Water Works Teen Ensemble*.

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

\_\_\_\_\_  
 Date