



Bay Children's Theatre Academy

Registration Form

3/28/15 - 6/27/15

PARTICIPANT INFORMATION

Participant First Name _____ Last Name _____

Gender _____ Age _____ Where did you hear about BCTA? _____

Rehearsal or production photos and videos may be used for publicity purposes. If you have any concerns, please contact lauracbutler@gmail.com

PARENT/GUARDIAN

Parent/Guardian Name _____ Relationship _____

Street Address _____ City _____

State _____ Zip _____ Primary phone _____

Secondary Phone _____ Email _____

EMERGENCY CONTACT

If above listed Parent/Guardian CANNOT BE REACHED, PLEASE CONTACT THE FOLLOWING:

Name _____	Name _____
Relationship _____	Relationship _____
Phone(s) _____	Phone(s) _____

Please specify any medical conditions / severe allergies _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE AND RELEASE OF LIABILITY

In the event of a medical emergency, including accident or sudden illness, I, the undersigned parent or legal guardian of the participant named on this form ("Participant") hereby give permission to Bay St. Louis Little Theatre, Bay Children's Theatre Academy and Laura Cordeiro to seek medical treatment for my Child from the closest appropriate medical practitioner or hospital available, and to arrange necessary related medical transportation. Should medical attention be required to care for my Child beyond that provided by the program staff, I agree to pay any expenses incurred. I understand that all reasonable efforts will be made to contact me or the listed emergency contacts in the case that medical attention will become necessary. I hereby absolve Bay St Louis Little Theatre, including all employees, officers and trustees, Bay Children's Theatre Academy, and Laura Cordeiro from all liability and will not hold them responsible for injury incurred to the above registered person. I hereby give my approval to the person's participation in this activity.

I, the undersigned, have read, understood, and agree to the AUTHORIZATION FOR EMERGENCY MEDICAL CARE AND RELEASE OF LIABILITY information listed on this form.

Parent/Guardian Name _____ Signature _____

Relationship _____ Date _____

Return completed registration form and \$57 payment to Laura Cordeiro, or drop off in locked yellow drop box on front porch of Bay St Louis Little Theater, 398 Blaize Ave, Bay St Louis, MS 39520
QUESTIONS? 404-587-1700 • lauracbutler@gmail.com • www.bslit.org