

2021
SALAMANCA YOUTH BUREAU
ARTS ALIVE SUMMER THEATER PROGRAM REGISTRATION

NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____ SEX: Female _____ AGE: _____ DATE OF BIRTH: _____

Male: _____

GRADE (*Fall 2021*) _____

- RACE:
- | | |
|-------------|--------------------|
| 1. White | 4. Native American |
| 2. Black | 5. Asian |
| 3. Hispanic | 6. Other |

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS/ALLERGIES WE SHOULD BE AWARE OF? (Please explain):

PHONE NUMBER IN CASE OF EMERGENCY: _____ (Cell)

_____ (Work)

PARENT'S NAME: _____

DOES YOUR CHILD HAVE ANY THEATRE/ART DANCE EXPERIENCE? _____

PLEASE EXPLAIN: _____

DOES YOUR CHILD HAVE ANY SPECIAL INTERESTS IN THEATRE/ART/
 DANCE? (Please explain): _____

WOULD A PARENT/GUARDIAN BE WILLING TO VOLUNTEER FOR SPECIFIC
 ACTIVITIES? (Productions, etc.): YES NO (Circle one)

PLEASE LIST SPECIFIC TIMES (VACATION, CAMPS ETC.) YOU ARE UNABLE TO ATTEND

PARENTAL PERMISSION: I, _____
GIVE MY CONSENT FOR _____

**TO PARTICIPATE IN THE ARTS ALIVE PROGRAM. I ACCEPT ALL OF THE CONDITIONS
 UNDER WHICH HE/SHE MAY PARTICIPATE AND AGREE TO ADHERE AND INSIST MY
 CHILD ADHERES TO ALL THE RULES.**