

The Melodrama  
Children's Workshop

Child's Name: \_\_\_\_\_ Age \_\_\_\_\_

Boy \_\_\_ Girl \_\_\_ Tee Shirt Size (circle)- Child Small Medium Large

Adult Small Medium Large

AM Session \_\_\_\_\_ PM Session \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Father's Name : \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Emergency Contact (other than Parent):

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

If yes, please list them: \_\_\_\_\_

\_\_\_\_\_

Is your child currently taking any medications? \_\_\_\_\_

If yes, please list them: \_\_\_\_\_

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Any medical conditions we should be aware of? \_\_\_\_\_

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I \_\_\_\_\_ the undersigned parent/guardian of

\_\_\_\_\_ do hereby give my permission and consent to the representatives of The Gaslight Melodrama to seek any emergency medical treatment for my child. It is understood that this consent form is given in advance before any specific treatment is required. This is given to encourage those persons who have temporary custody of my child during my absence to use their best judgment as to any medical treatment required. This consent shall remain effective from June 17<sup>th</sup> thru August 3<sup>rd</sup>, 2019. I am also aware the during the said activities that my child participates in, certain risks may occur, including but not limited to falling or slipping to the floor, running into other participants and activities that may result in various injuries. In recognition of these risks, I hereby agree not to hold The Gaslight Melodrama and Music Hall, Linda Larma and Daughters Academe of Dance or their employees liable for any injuries that may occur during participation of said activities. I hereby give my consent to allow my son/ daughter to participate in the above activity. I hereby stated that minor is physically able to participate.

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Parent/ Guardian Signature

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Date

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