

**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 you child currently taking any medications? _____

If yes, please list them: _____

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Any medical conditions we should be aware of? _____

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 8th thru July 25th, 2026. 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.

Parent/ Guardian Signature

Date