

Harbor Playhouse School of Theatre

Emergency Contact Information

Please print legibly, and sign.

Student Name _____ Circle time and session below

Class Title _____ AM, AM/PM, PM and FALL WINTER SPRING SUMMER

Address _____ City _____ State _____ ZIP _____

Special Considerations (allergies, learning disabilities, medical conditions, medications):

Parent/Guardian Information

Name _____

Day Phone ____ - ____ - ____ Evening/Weekend Phone ____ - ____ - ____ Cell Phone ____ - ____ - ____

Address _____ City _____ State _____ Zip _____

Name _____

Day Phone ____ - ____ - ____ Evening/Weekend Phone ____ - ____ - ____ Cell Phone ____ - ____ - ____

Address _____ City _____ State _____ Zip _____

Alternate Contact/Pick-up Information

Name _____ Name _____ Name _____

Phone ____ - ____ - ____ Phone ____ - ____ - ____ Phone ____ - ____ - ____

*If there is a specific person(s) NOT allowed to pick up your student, please indicate below

Primary Care Physician _____ Phone ____ - ____ - ____

Health Insurance Provider _____ Policy Number _____

Hospital Preference _____ Phone ____ - ____ - ____

Medical Policy: If we are unable to contact a parent/guardian, or if time does not permit, students will be taken to Christus Spohn Hospital Shoreline or 911 services will be used. All expenses incurred are the responsibility of parent/legal guardian.

By signing below I agree to abide by the following policies:

I understand and accept the medical policy. I understand and accept the class tuition refund policy(see website, brochure or registration confirmation for details). I understand and accept that photographs may be taken of my child and used for educational or promotional purposes. I agree that my recording of my child's show will be for personal use only. The recording will not be used for broadcast and/or distribution via the internet including but not limited to YouTube, social networking sites and/or family websites.

Signed _____ Date _____