



# ODDFELLOWS PLAYHOUSE

2011-2012 REGISTRATION FORM, PAGE 2



Promoting the Growth of Young People Through the Performing Arts

128 Washington Street | Middletown CT 06457 | 860-347-6143 | www.oddfellows.org

## EMERGENCY INFORMATION (MUST BE COMPLETED)

\* Mother/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Phone: HOME: (    ) \_\_\_\_\_ CELL: (    ) \_\_\_\_\_ WORK: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

\* Father/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Phone: HOME: (    ) \_\_\_\_\_ CELL: (    ) \_\_\_\_\_ WORK: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

\*Please list two other persons in case the above cannot be reached:

(a) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

(b) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any special needs or medical conditions we should know about?

\_\_\_\_\_  
\_\_\_\_\_

## PERMISSIONS

\* In the event that the parent/guardian named above or the physician named below on this registration form cannot be reached in an emergency situation, I hereby give permission for my child to be transported (by ambulance or in a privately owned vehicle) to Middlesex Hospital or any other nearby medical facility for medical attention. It is hereby understood and agreed that I shall assume full financial responsibility for all costs regardless of what is covered by my insurance.

\* I agree to indemnify and hold harmless Oddfellows Playhouse and its agents and employees and contracted artists from any injuries or damage caused by or resulting from my child's participation in the programs sponsored by Oddfellows.

\* I give permission for photographs and videos of my child to be taken during Oddfellows Playhouse programs and for those videos/photos to be used for promotional or other purposes.

\* I have read the above statements and agree to them.

Please Check:  I have read and understand the Registration policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_