

Missoula Children's Theatre – Liberty Theater, Dayton WA
Permission and Registration Form
August 1-6, 2022

Name _____ Age _____ Grade _____

Address _____ Phone _____

Email address for communications _____

Emergency Contacts:

1. Parent/Guardian _____ Phone _____

2. Name _____ Phone _____

3. Name _____ Phone _____

Allergies and Medications: _____

Other Special Needs: _____

Physician Name: _____

- WORKSHOPS (optional)**
- ACTING: Grades 6-12, Tuesday 2:45 – 3:30**
 - ACTING: Grades K-5, Wednesday 2:45 – 3:30**
 - Behind the Scenes: Grades K-12, Thurs. 2:45 – 3:30**

PERMISSIONS: Please check all that apply:

- I give permission for my child **to participate** in all rehearsals, optional workshops selected above, and all performances connected to this Missoula Children's Theatre production.
- I give permission for those in charge **to seek emergency medical attention** if deemed necessary. In event of an emergency, an effort will be made **to first contact parents** or other emergency contacts listed above.
- I give permission to The Liberty Theater, its representatives and employees, **to take photographs/videos** of my child/children in connection with the above-identified production/event. I authorize The Liberty Theater, its assigns and transferees to use and publish the same in print and/or electronically. I agree that The Liberty Theater may use such photographs with or without identification by name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.
- I **DO NOT** give permission for The Liberty Theater, its representatives and employees, **to take photographs/videos** of my child/children.

(Note: if you do not give all 3 permissions, we may need to contact you to figure out what other arrangements can be made. We have plans to photograph and video a performance.)

Parent/Guardian Signature _____ Date _____

Please bring the completed and signed form, or email to MCT@libertytheater.org