

T-shirt size:
 Youth Adult
 S M L XL

Theater Workshop

REGISTRATION FORM

Student name _____ M/F _____
 Parent/Guardian names _____
 Phone (day) _____ Phone (night) _____
 Cell phone numbers _____
 Street _____ Town _____ Zip _____
 E-mail address _____
 How often do you check email? _____
 Alternative emergency name and number _____
 Doctor's name _____ Doctor's phone _____
 Insurance company _____ Policy number _____
 Allergies, medical or behavioral conditions _____

I give permission for my child _____ to participate in Theater Workshop at IC, to receive emergency medical treatment if necessary, to appear in pictures for publicity purposes, and to be included on the TWS roster for distribution to IC and TWS families.

Parent/Guardian Signature _____ Date _____

Fee: \$75 Please make check payable to Immaculate Conception.

IC/TWS use: _____ Collected by: _____ Date: _____
 FEE: paid in full plan requested Check # _____ Amount \$ _____
 Notes: _____