

Baker Kids

Registration Form

Theatre Classes Spring 2010 @ The Gaslight-Baker Theatre

Name _____ Age _____

Address _____

Email
Address _____

ParentsName _____

Home Phone No. _____

Work Phone No. _____

Family doctor _____ Phone No. _____

Does this child have special medical needs? Yes / No If so, what are those
needs? _____

In the event of a medical emergency the undersigned parent or guardian of _____, authorizes the Gaslight-Baker Theatre and/or its authorized agent(s) to secure any medical attention necessary to maintain the well being of my child, and further, the undersigned agrees to pay for any medical services. Additionally, the undersigned releases the Gaslight-Baker Theatre and/or its agents or assistants from any liability should my child injure himself/herself while at the Gaslight-Baker Theatre facilities or while under the supervision of any agent of the Gaslight-Baker Theatre.

Photographs _____ may / _____ may not be used for display at the Gaslight-Baker Theatre.

Photographs ____ may / ____ may not be used on the Gaslight-Baker Web Site.

Signature of Parent or Guardian

Date

Payment method: _____ Date _____