



young players
theater

www.ypthheater.org
718-238-8383
info@yptheater.org

SUMMER REGISTRATION FORM

Student's Name _____

Date of Birth _____

Grade Entering _____

Parent Name _____

Email _____

Address _____

City _____

State _____

Zip _____

Phone (H) _____

Work _____

Cell _____

Parent #2 Name _____

Email _____

Address _____

City _____

State _____

Zip _____

Phone (H) _____

Work _____

Cell _____

EMERGENCY CONTACT

Name _____

Relation to Student _____

Phone _____

Does your child have any allergies? If so, please list.

or damage in connection with my child's entry in activities sponsored by Kristen Lynch. I have read and fully understood the above.

Signature of Parent/Guardian

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the Young Players Theater staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship _____ Signature _____

Date _____ Telephone Number _____

Child's
Pediatrician _____

Pediatrician's Telephone Number _____