

**TRI VALLEY REPERTORY THEATRE
BROADWAY CHORUS**

Emergency Medical Release Form

To be filled out by Parent or Guardian for Cast Members under 18 years old.

PRODUCTION: Lights...Camera...Sing-along! *with the Broadway Chorus*

NAME _____

ADDRESS _____

CITY/STATE _____

Email: _____

Date of Birth: _____

ALLERGIES: _____

INSURANCE: _____

Evening Phone: (____) _____

Cell Phone: (____) _____

Emergency Contact Name: _____

Relationship to Student: _____

Contact Phone Number: (____) _____

I agree to let TRI VALLEY REPERTORY THEATRE Staff seek Emergency medical or dental for my child.

(Signed by Parent or Guardian)

Date

Covering Dates January 22, 2012 - April 1, 2012