

stagelights



Williamsburg's Theatre for Children

P. O. Box 1910 • Williamsburg, VA • 23187

www.StageLightstheatre.org

Release and Consent Form 2017

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Participant Name _____ Age _____

Parent/Guardian _____

Address _____

Contact Phone Number(s) _____

My child must be signed out by an authorized adult ____ Yes ____ No
***If yes is checked, you will be **required** to show id to pick up your actor(s).

Person(s) who have permission to pick up my child: Relationship Phone

Point of contact in case of emergency (if we are unable to reach you).

Does your child have any medical/allergy concerns or need to take medication during the session? Yes _____ No _____

Please explain: _____

Physician's Name/Phone _____

In case of emergency, if I or the person(s) listed above cannot be contacted, I give my permission to have my above named son or daughter transported to Sentara Williamsburg Regional Medical Center for emergency treatment.

Signed: _____ Date: _____

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