

**EMERGENCY CONTACT FORM**  
**ACT TOO! Theater Company Production**

Date \_\_\_\_\_

Production Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

*(No PO Boxes)*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**In Case of an Emergency, Please Contact:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent or Legal Guardian:**

Father/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**\*Allergies other than seasonal:** \_\_\_\_\_

\_\_\_\_\_

**\*Action to be taken if participant experiences an allergic reaction:**

\_\_\_\_\_

\_\_\_\_\_  (Please check the box) I authorize ACT TOO! Staff to implement these actions if needed.

**If any medications are to be taken during rehearsal, please list here and provide instructions:**

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(Please check the box) I authorize ACT TOO! Staff to follow these instructions and/or administer medication as needed.

**Additional information you would like to share:**

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*This Information Is To Be Used Only For Emergencies*

*Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_*

**PARTICIPATION WAIVER**

In signing this Participation Waiver, I consent and agree that my child is in good health and has my permission to participate in all rehearsal and production activities. I agree to assume all risk of such participation and further agree to indemnify, defend, and hold harmless ACT TOO! Theater Company/Frederick LIVE! Theater, its owners, its officers, its directors, its employees and all camp staff from any and all claims, suits, losses, demands or related causes of actions for damages arising in any way out of my child's participation in the ACT TOO! Theater Company Spring 2014 Production or other activities held by ACT TOO! in the course of rehearsals and/or performances.

*Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_*