



2024-25 Troupe Member

Name _____ **Date of Birth** ____/____/____ **Sex** _____

Address _____ **Phone** _____

Parent/Guardian Name _____

Address (if different than above) _____

Mother: Day Phone _____ **Cell Phone** _____

Father: Day Phone _____ **Cell Phone** _____

Please list an emergency contact that is **NOT a parent listed above:**

Name _____ **Relation** _____ **Phone** _____

Date of last Tetanus shot (if known) _____

I affirm that the information given is complete and true to the best of my knowledge. I declare and consent to the authorization for medical treatment by a licensed practitioner. I acknowledge my legal responsibility for any treatment provided for the above-named person. I hereby waive all provisions of the law regarding liability of Action Youth and Community Resources for medical care and treatment, which may be presented under this authorization. Signatures are subject to verification.

Consent to Photograph

I hereby authorize and give full consent to Action Youth and Community Resource to copyright or publish all photographs, videotapes, and films in which I, the undersigned, appear while enrolled as a participant in any or all their programs. I further agree that Action Youth and Community Resources may use these photographs and/or videotapes for exhibitions, public displays, publications, commercials, advertising purposes, and television programs without limitations or reservations.

Signature of Parent/Guardian _____ **Date** _____