

World Stage Theatre
Imagination Express Registration Form

Child's Name _____
Age ____ Gender _____ Pronouns _____ Grade Level ____ First Time
Participant _____ Returning Participant; attended how many years ____

Parents/Guardians Information:

Names _____
Relationship _____
Address _____
City _____ Zip _____ Phone Home _____
Mom Work _____ Mom Cell _____
Dad Work _____ Dad Cell _____
Email (Mom) _____ (Dad) _____

Parental Consent:

I hereby grant World Stage Theatre the right to record, exhibit or otherwise use my child's name, likeness, photograph, voice and biographical data in materials to advertise, promote and publicize World Stage Theatre.

Signature: _____

Medical Information:

1.) Any illness or medical condition that would prevent the participant from participating in physical exercise, dance, etc.? Yes ____ No ____ If yes, please specify _____

2.) Is the participant taking any type of medication? Yes ____ No ____ If yes, please list name of medication(s) and reason for use: _____

Emergency Contacts Other Than Parents:

Name _____ Relationship to Child _____
Phone _____ Name _____
Relationship to Child _____ Phone _____

Authorization for Pick-up (other than parents)

Name _____ Relationship to Child _____
Phone _____

Name _____ Relationship to Child _____
Phone _____

Signature of Parent/Guardian _____ Date _____

Mail Application: World Stage Theatre, Imagination Express, P.O.Box 782, Troutdale, OR 97060 For
further detail email: info@worldstagetheatre.org