



DAYS OFF! AT ROUND HOUSE THEATRE 2011/12

REGISTRATION FORM

PARTICIPANT INFORMATION

Participant's Name: _____ Gender: M F
Date of Birth: ____/____/____ School: _____ Grade (Fall 2011): _____

PARENT/GUARDIAN INFORMATION *Please provide the information below for the parent/guardian that the participant resides with.*

Parent/Guardian Name: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Primary Phone: _____ Alternative Phone: _____
Email: _____

PROGRAM REGISTRATION *Please check the date(s) you would like to register the participant for.*

2011 Dates

September 29, 2011 (\$85.00)
October 21, 2011 (\$85.00)
October 31, 2011 (\$85.00)

2012 Dates

January 23, 2012 (\$85.00)
March 30, 2012 (\$85.00)

All Dates

5 Classes (\$375.00)

REGISTRATION COST

TOTAL TUITION:

DONATION TO SCHOLARSHIP FUND +

TOTAL REGISTRATION COST _____

PAYMENT *Round House Theatre will charge this amount to the credit card listed below.*

Visa Mastercard American Express Discover Check/MO# _____ (payable to RHT)

Credit Card #: _____ Expiration Date: _____

Name as it appears on card: _____

EMERGENCY INFORMATION for *(student name):* _____

Parent/Guardian #2: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Alt. Phone: _____

Email: _____

IF THE STUDENT'S PARENT/GUARDIAN IS NOT AVAILABLE IN AN EMERGENCY, PLEASE CONTACT:

Name: _____

Relationship _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

The following people in addition those listed above are authorized to pick up my child:

Name: _____

Relationship _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

HEALTH INFORMATION**(Please indicate if applicable and provide dates and explanation)****ALLERGIES**

Seasonal allergies Sulfa drugs Insect stings Peanuts Penicillin Dairy

Other (please list)

OTHER CONDITIONS

Heart defect/disease	Diabetes	Asthma/Respiratory Disorder
Autism Spectrum Disorder	Counseling or Therapy	ADD/ADHD
Bleeding/clotting disorder	Hypertension	Language Based Learning Disorder
Fainting or Light Headedness	Seizures	Non-Verbal Learning Disorder
Other (please list)		

PLEASE ATTACH EXPLANATIONS, IF NEEDED, AND INDICATE ANY OTHER SPECIAL CONSIDERATIONS

Round House Theatre is committed to complying with the Americans with Disabilities Act (ADA). If any auxiliary aids or services are needed in order to participate, notification must be received no later than two (2) weeks prior to the start of the program.

Describe & provide dates for any operations or serious illnesses experienced by the participant:

Describe any disability or chronic or recurring illness experienced by the participant:

Indicate any activities which have been discouraged or limited by participant's physician:

Describe any dietary restrictions of the participant:

Please list any medications and dosages your child is currently taking:

****IF MEDICATION MUST BE DISPENSED BY OUR STAFF DURING PROGRAM HOURS A PHYSICIAN'S NOTE AND INSTRUCTIONS MUST ACCOMPANY THE MEDICATION****

Name of Physician: _____

Phone: _____

Name of Family Medical/Hospital Insurance: _____

Carrier ID Policy #: _____

- The information I have provided on this health form is correct as far as I know, and the person herein described has permission to engage in all prescribed program activities except as noted.
- In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Program Manager to secure and administer treatment, including hospitalization, for my child as named on the reverse side of this page. I understand that Round House Theatre cannot administer over-the-counter or prescription drugs to my child, unless this medication is sent in a properly labeled container provided by a pharmacy and accompanied by written authorization from the prescribing physician. I hereby authorize the staff of Round House Theatre to administer medical treatment if required.
- My child, named on this form, has permission to participate in all Round House Theatre activities unless I notify the Program Manager otherwise in writing.
- Round House Theatre has my permission to use my child's name and/or image in press releases and news stories about Round House Theatre.

I agree to and understand the AUTHORIZATION OF MEDICAL TREATMENT AND AUTHORIZED PICK-UP information listed on this form.

I have read, understood, and agree to be bound by the policies listed.

Signature: _____

Date: _____

Parent Guardian
please choose one

Return completed registration form to Round House Theatre Education Center by
fax | 301.585.9696
mail | 925 Wayne Avenue, Silver Spring, MD 20910
e-mail (preferred method) | registration@roundhousetheatre.org

Questions? Contact Round House Theatre Education Center
301.585.1225 | education@roundhousetheatre.org