Georgia Ensemble Theatre & Conservatory
Student Information Form
(Please fill out & bring in the first day)

Student Name _____

Birthday _____ Age _____ Grade _____

Phone #'s (home) _____ (cell) _____

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Contact Email _____

IN CASE OF ILLNESS OR INJURY

Name of Emergency Contact _____

Relationship _____ Phone _____

Child's Physician _____

Address _____ Phone _____

In case of serious injury or illness, if we cannot reach you will will transport your child to:

Hospital _____

Insurance Carrier _____ Policy Holder's Name _____

(use back of page if necessary)

PLEASE LIST ANY SPECIAL MEDICAL PROBLEMS WE SHOULD BE AWARE OF:

DOES YOUR CHILD HAVE ANY ALLERGIES?

IS YOUR CHILD TAKING ANY MEDICATIONS?

Please list names & number of those who have your permission to pick up your child:

Name	Number	Relationship

Please Check ☐ YES ☐ NO I give Geogia Ensemble Theatre & Conservatory permission to use the above student's name and/or likeness to promote & advertise the Theatre's Conservatory and/or the Theatre's individual player and/or advertisements in connection with the Conservatory and/or individual play and/or the season. I understand that there will be no monetary compensation for use of his/her name and/or likeness in any of the aforementioned promotional, advertising, or plublicity material.

Print Name of Guardian _____

Signature of Guardian _____ Date _____