



Participant Registration Form

STUDENT INFORMATION:

Name (Last, First): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: (MM/DD/YY): _____ Phone: _____

Students' School: _____ Grade/Age: _____

Gender: _____

Primary Language (Circle One): English Spanish Other: _____

Ethnic Background (Check the group(s) your child identifies with):

____ African American ____ Native American ____ Asian American
____ Latin American ____ Caucasian ____ Arab American

____ Other: _____

Health problems (Allergies, asthma, diabetes, etc) and/or Disabilities (I.E.Ps, Cognitive, Physical):

PARENT/GUARDIAN INFORMATION:

Name (Last, First): _____

† Address same as Student Address (if yes, skip to Phone)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

E-Mail: _____

Relationship (Circle One): Biological or Adopted Mother Biological or Adopted Father

Foster Parent Grandparent Legal Guardian Stepmother Stepfather Other: _____

(TURN OVER)

EMERGENCY CONTACT INFORMATION:

Name (Last, First): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

E-Mail: _____

Relationship to Student _____

PLEASE READ THE FOLLOWING CAREFULLY:

I, _____ (parent/guardian), hereby give my child,
_____ (student's name) permission to participate in Matrix Theatre Company's program. I give permission to Matrix to transport my child, if necessary, for emergency medical care. In addition, I understand that Matrix is not responsible for damage to, or loss of, any personal property of the student. I release and agree to hold harmless Matrix Theatre Company staff, officers, agents, and representatives from all liability related to travel, rehearsal, and performance, including, but not limited to, personal bodily injury.

I, the undersigned, give Matrix Theatre Company permission to use my or my child's likeness, name, and/or voice, and waive any and all claims for repayment and permission. I also give my permission to Matrix Theatre Company, and any and all persons related, to use said likeness and/or voice for commercial purposes, for promotion or advertising, and further waive all claims against Matrix Theatre Company for said likeness and/or voice tapes.

Signature of Student: _____

Signature of Parent: _____

Date: _____