



**REGISTRATION FORM**

Participant's Name: \_\_\_\_\_

Participant prefers to be called: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_

Parents/Guardian (s) Name \_\_\_\_\_

Address(es): \_\_\_\_\_

\_\_\_\_\_

Adult(s) Phone Number:(Home) \_\_\_\_\_

Mobile: \_\_\_\_\_

Adult(s) email addresses:

\_\_\_\_\_

**Note:** Communication relating to Rainbow Youth Drama will often be done by email.

*Please list emails that you check on a regular basis.*

Adults in the home use Facebook? \_\_\_\_ Yes \_\_\_\_ No

Best Way to Contact: \_\_\_\_\_

Participant's email address: \_\_\_\_\_

Participant uses Facebook? \_\_\_\_ Yes \_\_\_\_ No

In Case of Emergency, please contact \_\_\_\_\_ at

\_\_\_\_\_

Second Emergency Contact

\_\_\_\_\_ at \_\_\_\_\_

**PHOTO RELEASE:**

*Rainbow Youth Drama has a website and a Facebook page where photos and videos from sessions are periodically published.*

*It is Rainbow Youth Drama's policy that photos of children are never published with names or other identifying information.*

Please sign one below:

\_\_\_\_\_ **Yes** - you can use pictures and videos of my child.

I hereby give Rainbow Youth Drama the permission to use my child's likeness in photographs, video, and other media in any and all of its publications, including Facebook and website entries. I waive any right to royalties or other compensation arising or related to the use of the photographs or videos.

\_\_\_\_\_ **No** - please do not print or publish photos or videos of my child online or Rainbow Youth Drama publications.

**GENERAL RELEASE:**

"I/We hereby grant permission for my/our child \_\_\_\_\_ to be a member of Rainbow Youth Drama and to participate in activities arranged by them.

I/We recognise that being a member of Rainbow Youth Drama calls for responsible behavior. Therefore, I/we agree that if my/our child engages in behavior which, in the judgment of the adult leaders, is not in the best interest of the group, our/my child will be sent home. I/We will assume full legal and financial responsibilities for this."

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_

Date \_\_\_\_\_

**PARTICIPANT HEALTH FORM**

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Gender: \_\_\_\_\_

Name of Parent / Guardian:

\_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Participant's Medical History (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Second emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Does this participant have any physical, mental, emotional or behavioral conditions of which Rainbow Youth Drama should be aware? (Please use the back of this form or additional pages if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Restrictions on activities:

\_\_\_\_\_

Regularly prescribed medications and doses:

\_\_\_\_\_

Date of most recent tetanus booster? \_\_\_\_\_

Allergies to drugs? \_\_\_\_\_

Allergies or special  
diet? \_\_\_\_\_

**PARENT / GUARDIAN AUTHORISATION:**

This health history is correct as far as I know. The person herein described has my permission to engage in all prescribed activities except as noted above. The following authorisation empowers the staff of Rainbow Youth Drama to take whatever steps they deem necessary to insure the wellbeing of my child should a medical emergency occur during a drama session.

Every attempt will be made to contact the child's care-givers and/or emergency contact provided.

I, \_\_\_\_\_ do hereby authorise Rainbow Youth Drama to take necessary emergency measures in the treatment of (participant): \_\_\_\_\_ if needed. My child is in good health and does not have any conditions or disabilities which may be aggravated except as noted on this form. In the event that I cannot be reached in an emergency, I hereby the authorise the physician selected by Rainbow Youth Drama to hospitalise, secure proper treatment for, order injections, or anesthesia and surgery for my child named above.

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Signature of Parent / Guardian

Date