



STUDENT REGISTRATION AND EMERGENCY MEDICAL INFORMATION

STUDENT NAME:		ENROLLING IN:	
FULL STREET OR MAILING ADDRESS:			
AGE:	BIRTHDATE:	PLEASE CIRCLE ONE: M F	SCHOOL/GRADE:
PARENT/GUARDIAN:		PEOPLE ALLOWED TO PICK UP STUDENT:	
CELL #:		HOME #:	
EMAIL:		OTHER:	
BEST WAY TO CONTACT YOU (PLEASE CIRCLE ONE): EMAIL CELL # HOME # OTHER			
CONSENT/RELEASE OF LIABILITY (TO BE COMPLETED BY THE PARENT/GUARDIAN)			
PLEASE CIRCLE ONE: Yes No	I understand that pictures/video will be taken which may be used for educational and/or marketing purposes.		
PLEASE CIRCLE ONE: Yes No	I release the Weathervane Playhouse/WYART, its volunteers and affiliates from liability for personal injury and property loss/damage incurred at any WYART event, activity or experience.		
REQUIRED SIGNATURE (TO BE COMPLETED BY STUDENT & PARENT/GUARDIAN)			
I certify that the information provided in this application to the best of my knowledge is correct. I understand that deliberately providing false information and/or failure to comply will result in a forfeiture of all fees paid and dismissal from the WYART program.			
STUDENT SIGNATURE:			Date:
PARENT/GUARDIAN SIGNATURE:			Date:

For Office Use Only:

☐

Pledge

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Registration



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WYART STUDENT AND PARENT AGREEMENT

WYART offers students a performing arts community where qualified professionals serve as mentors. With an emphasis on creativity, collaboration, and personal excellence, we provide hands-on opportunities for students to grow as artists and as human beings.

Our goal is to challenge each student to exceed his or her own expectations. To take risks. To be bold. To be silly and dramatic. To have fun! We ask that parents support and guide their children and ensure they are present, prepared, and prompt every day. Parents should actively support their student in valuing his or her own ideas and foster collaboration rather than competition.

STUDENT PLEDGE

I, _____, promise to accept any role to which I am cast. I understand that casting decisions are not a reflection of my talent or my abilities and are the results of many factors beyond my control.

I also pledge to participate in all WYART workshop activities. I pledge to respect myself, other people and the theatre. I pledge to support creativity and commit to learning. I pledge to be prepared and have FUN!

Each student needs to come with a positive attitude and a generous spirit. Students who are absent or not prepared leave others in a difficult situation. I pledge to attend class or notify the instructor of an emergency. I will bring my materials and study my lines, cues, blocking, and choreography until I know them by heart.

Student Signature _____ Date _____

PARENT PLEDGE

I, the parent/guardian of the student named above, promise to assist my child in keeping his or her pledge.

Parent/Guardian Signature _____ Date _____

EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP TO STUDENT	PHONE # 1	PHONE # 2
NAME	RELATIONSHIP TO STUDENT	PHONE # 1	PHONE # 2



STUDENT REGISTRATION AND EMERGENCY MEDICAL INFORMATION

MEDICAL RELEASE OF INFORMATION & CONSENT - *REQUIRED*

Medication Dispensing Information / WAIVER and RELEASE OF CLAIMS

(Please READ Carefully) In the event of a medical emergency involving the above-named participant, if reasonable attempts to contact one of the above listed individuals is unsuccessful, I give my consent for (1) the administration of any treatment deemed necessary by

Dr. _____ (preferred physician) at _____ (phone number) or

Dr. _____ (preferred dentist) at _____ (phone number) or in the event the preferred medical professional is not available by another licensed medical professional and (2) the transfer of the above named participant to _____ (preferred hospital) or the nearest emergency medical location.

My child may self-administer medication? YES NO

Please list all medication that will be brought to workshop/productions and the proper administration guidelines:

List all medical conditions or allergies:

I hereby acknowledge that any medication sent with my child will comply with the above information. I do hereby fully release Weathervane Playhouse and its affiliates, officers, agents, volunteers and employees from any and all claims from injury, damages and losses I or my child may have arise out of, are connected with, incidental to, or in any way associated with the administering/dispensing of medication or self-administrated medication.

I understand that insurance coverage for accidents or illness while participating in any event with Weathervane Playhouse is my responsibility.

Insurance Carrier: _____ Policy Number: _____

or Medicare Number: _____

or Medicaid Number: _____

Signature of Parent or Guardian _____ Date _____