

**MATTHEWS PLAYHOUSE OF THE PERFORMING ARTS
PHOTO RELEASE FORM**

Participant's name: _____

We, _____ parents of _____, hereby give Matthews Playhouse Of The Performing Arts and their legal representatives and assigns, the right and permission to publish, without charge and without compensation of any type, photographs taken during classes, shows or events. These photographs may be used in publications, including electronic publications, or in audiovisual presentations, promotional literature, advertising, or in other similar ways. We hereby warrant that we are over eighteen (18) years of age, and are competent to contract in our own names.

Signature: _____

Child's Name (please print): _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

E-mail:(optional) _____

**EMERGENCY INFORMATION FORM
FILL OUT ALL SECTIONS AND RETURN**

Child's Name: _____

Class Name: _____

Parent Name(s): _____

Phone: _____ **Cell Phone:** _____

Medical Care and Hold Harmless Agreement

I, _____ hereby acknowledge my receipt and understanding of the information disclosed on this registration form. I hereby grant permission to the Matthews Playhouse of the Performing Arts staff to obtain medical care from any licensed physician, hospital, medical clinic or emergency medical service organization for the above named at such time as deemed necessary for physical health purposes. I hereby voluntarily release and discharge the Matthews Playhouse, its agents, contracted services, servants and employees from any and all claims for injury, illness, loss or damage, which my child may suffer from as a result of his/her participation in the Matthews Playhouse activities.

Parent/Guardian Signature _____ Date _____

Allergies: (State Allergy, Reaction and Treatment)

1) _____

2) _____

Physician's Information

Name: _____

Office: _____

Phone: _____ Extension: _____

Emergency Contact (other than parent or guardian)

Name: _____ Relationship to Child: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Release

The child named on this form will be released only to the parent or guardian listed on this application or to the following person. (Please be advised that identification will be required)

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Late Pick-up Policy

Matthews Playhouse charges a fee of \$1.00 per minute that you are late picking up your student. There is a grace period of 10 minutes. After 10 minutes your child will be in the Matthews Playhouse Theatre Office. You will receive a bill for \$1.00 per minute after that. Your child cannot return to class until the late fee is paid in full.

I understand and will comply with the Matthews Playhouse Late Fee Policy.

Signed: _____ Date: _____

Disclaimer: Above information is held in confidence and is never released or sold.

**Matthews Playhouse of the Performing Arts
100 McDowell Street East, Matthews NC 28105**