



**The Phoenix Players**  
Acting Skills Workshop ~ February 9, 2014

## Registration Form

**Participant's Name**

**Age**


**Parents/Guardians--Names and all phone numbers in order of preference in case of emergency**


**Please list any medical or other conditions that are important for the workshop leader to know:**

### In case of emergency

Every effort will be made to immediately notify the parents. In the event that medical treatment is needed before the parent can be reached, please check your preference below:

- I give permission for emergency medical care for my child in the event I or another adult with guardian status over the child cannot be reached.
- I DO NOT give permission for emergency medical care for my child in the event I or another adult with guardian status over the child cannot be reached.

### Cost

Phire Phlies -\$25 per participant.

I agree to the above described policies and give permission for my child to attend the workshop.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_