



CONFIDENTIAL EMERGENCY HEALTH INFORMATION & MEDIA RELEASE FORM

Student's Name _____ Birth date _____ Sex: M/ F
1st parent/guardian name _____ 2nd parent/guardian name _____
Primary Phone: _____ Secondary Phone: _____
Email: _____
Address: _____

Student lives with: Mother__ Father__ Both parents:___ Other: _____

IN A MEDICAL EMERGENCY, IF A GUARDIAN CANNOT BE REACHED, PLEASE CONTACT:

Contact Name: _____ Relationship: _____ Best phone: _____

ALERT TO PARENTS: If your child has a serious medical condition, it is vital that you not only list it below, but also discuss the condition(s) with your teacher(s) immediately. It is very important to know of **LIFE THREATENING** conditions (for example asthma, diabetes, nut/insect allergies).

MEDICAL CONDITION/ALLERGIES: Yes No If yes, explain: _____

MEDICATION: (Include prescription, over-the-counter medication.) Yes No If yes, explain: _____

Name of Physician: _____ Phone: _____

I, the undersigned parent/guardian of the registrant, a minor, recognize the possibility of physical injury. In consideration of accepting the registrant into its drama program and activities, I hereby release, discharge and indemnify THE REDMOND ACADEMY OF THEATRE ARTS, its employees and associated personnel, including the owners of the premises utilized by the programs, my or the registrant's participation in the programs including transportation to or from the programs, which transportation I expressly authorize. I hereby give consent for emergency medical care by a duly licensed Doctor. I certify that I have read, understood, and agree to all the above and that the information provided is true and accurate to the best of my knowledge.

Signed: _____ Date: _____

MEDIA RELEASE: I, being the legal guardian of the student named above, do also understand THE REDMOND ACADEMY OF THEATRE ARTS has permission to use his/her name, likeness, photo, video, or audio recording for promotional materials to be used in any and all media forms. I further understand if I do not wish to have my student included in these promotional, I must fill out and submit a **MEDIA ABSTENTION FORM** and submit before first class/rehearsal. **Initial here:** _____

Please return all completed forms and/or payment to:

The Redmond Academy of Theatre Arts 18001
NE 76th St. Ste. #110, Redmond, WA 98052
Questions? Contact rataoffice@gmail.com
Visit us online at www.redmondacademy.org