



Exceptionally, Extraordinary Training for the Young Actor

Denver, CO 303.476.0222 | Boca Raton, FL 561.962.1570 | [contact@RMCTonline.com](mailto:contact@RMCTonline.com) | [www.YouthActorsRMCT.com](http://www.YouthActorsRMCT.com)

**PLEASE COMPLETE THIS FORM TO REGISTER AND  
RETURN IT TO [Contact@RMCTonline.com](mailto:Contact@RMCTonline.com)**

Holiday Show \_\_\_ Summer Camp \_\_\_ Acting Class: \_\_\_

STUDENT'S NAME #1: \_\_\_\_\_

• AGE: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ GRADE FALL: \_\_\_\_\_

STUDENT'S NAME #2: \_\_\_\_\_

• AGE: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ GRADE FALL: \_\_\_\_\_

PARENT/GUARDIAN NAMES: \_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

• PHONE: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

HEALTH ISSUES: \_\_\_\_\_

\_\_\_\_\_

ALLERGIES & DIETARY RESTRICTIONS: \_\_\_\_\_

\_\_\_\_\_



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List all medications your child is taking now: \_\_\_\_\_

\_\_\_\_\_

Child's Health Insurance: \_\_\_\_\_

• Policy Number: \_\_\_\_\_

**MEDICAL RELEASE**

In case of a medical emergency, we must have your written permission to seek immediate medical attention for your child.

I assume all risks and hazards incidental to participating, and do hereby waive, release, absolve, indemnify, and agree to hold harmless Rocky Mountain Conservatory Theatre, their staff, volunteers, program location venue, and any sponsoring agency for any claim arising out of loss or injury that the participant might sustain while engaged in this program. I understand that insurance is not provided and that none of the sponsoring agencies are responsible for the medical condition of the participant in the space provided above.

I give permission to the authorized RMCT personnel to administer medication to my child if it is deemed necessary in any circumstances. In the event that I cannot be reached in an emergency, I give permission to the physician selected by the RMCT Directors to hospitalize and secure proper measures of treatment for the child named above. Medical bills will be the responsibility of the parent or guardian named above.

The information above in this release is correct and my child has permission to take part of all RMCT youth theater activities.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent or Legal Guardian (Print Name) Date signed

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent or Legal Guardian (SIGNATURE) Date signed



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**LIABILITY RELEASE & PARENTAL PERMISSION**

I, \_\_\_\_\_, (parent's name) as parent/legal guardian of \_\_\_\_\_, (child's name) hereby give my consent for participation in programs with Rocky Mountain Conservatory Theatre (RMCT). I assume all risks and hazards incidental to participating, and do hereby waive, release, absolve, indemnify, and agree to hold harmless Rocky Mountain Conservatory Theatre (RMCT), their staff, volunteers, program location venue, and any sponsoring agency for any claim arising out of loss or injury that the participant might sustain while engaged in this program. I understand that insurance is not provided and that none of the sponsoring agencies / lessees / lessors are responsible for the medical condition of the participant listed in the space provided above.

In the event that I cannot be reached in an emergency, I give permission to the physician selected by RMCT to hospitalize and secure proper measures of treatment for the child named above. Medical bills will be the responsibility of the parent or guardian named above. If my child has an allergy or medical condition, I understand that I must provide any specific written details and/or medications to RMCT prior to their first day of participation, and if I fail to do so, my child will not have access to them.

I give Rocky Mountain Conservatory Theatre permission to use photographs or video footage taken of my child participating in class activities for any advertising, brochures, website, news releases, or any other media to promote or advertise future programs.

Rules for students are the same for everyone without regard to race, color, national origin, gender, or disability. I understand that all students will be treated as individuals and respect will be shown for a range of abilities and behaviors.

The student agrees to abide by the rules and regulations set by the Directors for the health, safety, and welfare of everyone.

\_\_\_\_\_  
Parent or Legal Guardian (Print Name)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Parent or Legal Guardian (SIGNATURE)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date signed



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**COVID-19 PUBLIC  
HEALTH-ACKNOWLEDGMENT AND DISCLOSURE**

I understand that during the COVID-19 pandemic, I will need to respect the procedures in place for the safety of all persons present in our facility. I understand that to participate in all RMCT Theatre Program, my child must be free from COVID-19 symptoms. If at any time during my child's attendance any of the COVID-19 symptoms appear, my child will need to return home as soon as possible.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent or Legal Guardian (Print Name) Date signed

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent or Legal Guardian (SIGNATURE) Date signed

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**DEPOSIT NEEDED:**

**A DEPOSIT OF \$99 IS NEEDED TO RESERVE YOUR SPOT  
PAYABLE ONLINE, VIA CHECK OR  
VENMO (RMCT ANTHONY HUBERT @Anthony-Hubert-5)**

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