



Exceptionally, Extraordinary Training for the Young Actor
Denver, CO (303) 476-0222 | Boca Raton, FL (561) 962-1570 | Email: contact@RMCTonline.com

**PLEASE COMPLETE THIS FORM TO REGISTER AND
RETURN IT TO Contact@rmctonline.com**

1. STUDENT'S NAME #1: _____
2. STUDENT'S NAME #2: _____
3. AGE: _____ BIRTHDAY: _____ / _____ / _____ GRADE FALL 2021: _____
4. PARENT/GUARDIAN NAMES: _____

5. ADDRESS: _____

6. PHONE: _____
7. EMAIL: _____
8. EMERGENCY CONTACT NAME: _____
PHONE: _____
9. PHYSICIAN: _____
PHONE: _____
10. HEALTH ISSUES: _____

11. MEDICAL CONDITIONS: _____

12. DIETARY RESTRICTIONS: _____



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13. List all medications your child is taking now: _____

14. Child's Health Insurance: _____
Policy Number: _____

MEDICAL RELEASE FORM

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

The information above in this release is correct and my child has permission to take part of all RMCT youth theater activities. In case of emergency, I give my consent to provide my child with emergency medical care needed and I agree to assume all responsibility for charges incurred.

LIABILITY RELEASE FORM

I am the parent/guardian of a minor, on behalf of the minor, thereby fully release and discharge RMCT - Youth Actor Theater, its assigns, and successors, from all rights, claims, and actions which the minor or his/her successors may have against RMCT - Youth Actor Theater arising out of the minor's participation.

Parent or Legal Guardian (Print Name): _____

Parent or Legal Guardian (SIGNATURE): _____

Date signed: _____



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COVID-19 PUBLIC HEALTH-ACKNOWLEDGMENT AND DISCLOSURE

I UNDERSTAND THAT DURING THIS COVID-19 PUBLIC HEALTH EMERGENCY, I WILL NEED TO RESPECT THE PROCEDURE IN PLACE FOR THE SAFETY OF ALL PERSONS PRESENT IN OUR FACILITY.

I UNDERSTAND THAT TO PARTICIPATE IN ALL RMCT ACTIVITES, MY CHILD MUST BE FREE FROM COVID-19 SYMPTOMS. IF AT ANY TIME DURING MY CHILD'S ATTENDANCE ANY OF THE COVID SYMPTOMS APPEAR, MY CHILD WILL NEED TO RETURN HOME AS SOON AS POSSIBLE.

Parent or Legal Guardian (Print Name): _____

Parent or Legal Guardian (SIGNATURE): _____

Date signed: _____

DEPOSIT NEEDED:

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