



STUDENT

NAME _____ **PREFERRED PRONOUNS** _____

AGE _____ **GRADE** _____ **DATE OF BIRTH** _____

EMAIL _____ **PHONE NUMBER** _____

PARENT/GUARDIAN 1

NAME _____ **PHONE NUMBER** _____

EMAIL _____

PARENT/GUARDIAN 2 (optional)

NAME _____ **PHONE NUMBER** _____

EMAIL _____

NON PARENT EMERGENCY CONTACT (We will only contact this person if we can not reach a parent)

NAME _____ **PHONE NUMBER** _____

MEDICAL INFORMATION

DOES YOUR CHILD HAVE ANY KNOWN ALLERGIES, INCLUDING FOOD? YES _____ NO _____

If yes, please list allergies _____

DOES YOUR CHILD CARRY AN EPINEPHRINE INJECTOR? (i.e. EpiPen) YES _____ NO _____

ARE THERE ANY MEDICATIONS WE SHOULD BE AWARE OF? YES _____ NO _____

If yes, please list the name of the **medication**, and **dose**: _____

ARE THERE ANY ACCOMMODATIONS WE SHOULD BE AWARE OF? YES _____ NO _____

If yes, please elaborate here _____

STUDENT NAME _____

THE FUN STUFF

WHAT SIZE T-SHIRT WOULD YOU LIKE? Youth S Youth M Youth L Adult S Adult M Adult L. Adult XL

HAS YOUR CHILD TAKEN A CLASS OR DONE A SHOW WITH NEXTGEN BEFORE? YES _____ NO _____

If no, have you done theater somewhere else you would like to tell us about?

AS A PARENT/GUARDIAN I AM WILLING TO VOLUNTEER IN THE FOLLOWING CAPACITIES:

Prop Support _____ Ticket Sales _____ Concession Sales _____ Cast Party _____

Load In/Out _____ Other _____

PAYMENT (Please make checks payable to ***Next Generation Theatre***)

I AM PAYING TUITION NOW AND AM INCLUDING A CHECK FOR \$ _____

I WILL BRING A CHECK TO THE FIRST REHEARSAL (ON OCTOBER 31ST) _____

****IN SIGNING UP FOR THIS PRODUCTION, I GRANT NEXTGEN PHOTO AND VIDEO PERMISSION FOR MY CHILD**

PARENT/GUARDIAN SIGNATURE _____

Mail to: 4040 Yorktown Dr.
Upper Chichester Pa. 19061