

SPECTRUM

AN LGBTQ YOUTH OUTREACH PROGRAM FROM
THEATRELAB & RICHMOND TRIANGLE PLAYERS

Participant Registration

PART 1 -

PARTICIPANT INFORMATION:

Legal First Name: _____ Legal Last Name: _____

Preferred name: _____

Gender Identification: _____

Preferred Gender Pronouns (PGP): _____

Birthday: ____/____/____

Full Name of Current School: _____

Race/Ethnicity (check all that apply):

African American

Asian or Pacific Islander

Caucasian

Hispanic/Latino

Native American

Other

Rather Not Say

Participant email address: _____

PART 2 -

PARENT/LEGAL GUARDIAN INFORMATION:

First Name: _____ Last Name: _____

Relationship to Participant: _____

Email address: _____

Employer: _____

Cell phone: _____ Home phone: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

PART 3 -

PARTICIPANT MEDICAL INFORMATION:

Primary Physician: _____

Physician Phone: _____

Health Insurance Policy Carrier: _____

Policy Number: _____

Does your child have any of the following medical conditions?

- None
- Asthma
- Diabetes
- Epilepsy
- Allergies (please specify): _____
- Other (please specify): _____

Please describe any other conditions (developmental, emotional, etc.):

Medications: _____

Emergency contact*: _____

Emergency contact's relationship to student: _____

Emergency contact phone: _____

**Note: we will always call the registering parent/guardian first. Please indicate a second adult to call in the event we can't reach the registering parent/guardian.*

PART 4 –

Rehearsals will take place from 1-5pm every Sunday beginning on November 1, 2015 and will go through May 2016. We understand that absences are inevitable, but highly encourage all ensemble members to be present for each session. A full rehearsal schedule with information about our final performance and potential tour dates are forthcoming.

PART 5 -

TERMS AND CONDITIONS:

- I understand that TheatreLAB and Richmond Triangle Players' SPECTRUM employees take many precautions in the supervision of students in their care.

I agree to indemnify and hold harmless TheatreLAB and Richmond Triangle Players, their agents, officers, and/or employees from all claims, injuries, or other liabilities of any kind whatsoever that could be brought now or in the future by me arising from any action or inaction, recognizing that certain reasonable risks exist in allowing my child to participate in the program.

- I agree to be responsible for all medical bills, costs, and expenses (including ambulance services) incurred in providing necessary care to my child, and/or, I authorize the direct billing of my health insurance carrier noted above. In cases of emergency, TheatreLAB and Richmond Triangle Players shall act merely as my agent and neither TheatreLAB, Richmond Triangle Players, nor the staff shall incur any liability for the good faith exercise of the authority granted by this Release and Medical Authorization.
- I understand that my child may appear in photographs and video taken in the normal course of the classes as well production shots. I hereby authorize SPECTRUM (TheatreLAB and Richmond Triangle Players) to use such images and video for promotional purposes.

By signing below, I agree to these terms and conditions.

Parent/Legal Guardian Signature: _____

Printed Name: _____ Date: _____

**Please return completed applications to
SPECTRUM Production Manager, Lucian Restivo at lucianrestivo@gmail.com**

*or simply bring it to our first meeting on November 1, 2015 from 1 to 5 pm
at Richmond Triangle Players (1300 Altamont Ave, Richmond, VA 23230)*

THANK YOU!



&

