

Atholton High School Younger Cast Member [YCM] SHREK the Musical
Student & Family Information Form 2018-19

(Please complete LEGIBLY & return. This information is for AHS Theatre Department use only)

Name (first & last) _____ Grade _____ Birthdate _____

School _____ School Hours (beginning and ending) _____

Mother/guardian name _____ address _____

city _____ state _____ zip _____

Phone (H) _____ (W) _____ (C) _____

Mother's e-mail _____

Father/guardian name _____ address _____ (if different)

city _____ state _____ zip _____

Phone (H) _____ (W) _____ (C) _____

Father's e-mail _____

Other contact info/anyone else authorized to pick up your child ie. nanny, sibling, grandparent, etc.

Name/Relationship _____ (C) _____

Email: _____

Siblings: _____

All parents of elementary and middle school children are expected to assist with the supervision of some rehearsals. Please check the times that you would be available to help. A schedule will be distributed with the rehearsal schedule assigning parents. If a parent cannot make the assigned time, it is his/her responsibility to find a replacement. The directors and high school cast members will not be supervising YCMs but there must be sufficient supervision for them to remain at rehearsal.

Monday Evening Tuesday Evening Wednesday Evening Sunday Afternoon

In addition, in which areas do you want to assist? (please circle):

Concessions Costumes Props Show Related Events Ticket Sales Publicity Fundraising

Atholton Theater is a community where everyone pitches in. What skills do you have that might be able to help make this production a huge success? Examples: sewing, construction, painting, contact with businesses who may buy ads,)

Emergency Information: When Parents Are Not Available: Contact: _____

Phone Numbers: _____ Relationship _____

Physician _____ Phone Number _____

• Allergies: Please check any that apply: food _____ medicine _____ insect stings _____
pollen _____ other _____ explain _____

• Medications: What medications is your child currently taking ? _____

• Check any of the conditions we should be aware of: _____diabetes _____orthopedic problems _____asthma
_____epilepsy _____cardiac problems _____ low blood sugar _____ learning disabilities [please
elaborate]

other (please explain any checked areas) _____

• Date of your child's last tetanus shot _____

Do you know of any health factors that make it advisable for your child to limit his/her physical activity or keep him/her from participating in certain activities? If yes, please explain...be sure to mention any recent surgeries, serious illness, broken bones, injuries, allergies or any other physical or emotional conditions. Please share any additional information you would like us to know about your child such as auditory processing disorders, ADHD, dyslexia, anxiety

We will develop a YCM contact list that will be shared with other YCM cast members. This is helpful for those who may wish to set up car pools from your child's school to AHS for rehearsals and to coordinate supervision at rehearsals.

Initial here if you do NOT want us to share your name and contact information with other families. _____

Periodically throughout the rehearsal and promotion process we may take photos or videos of rehearsal activity. If this information is posted online it will be done without names, however, we will include names if sent to newspapers for publication.

If you do NOT want your child's photograph used please sign here. _____

PARENT/GUARDIAN AUTHORIZATION: The information on this form is correct, to the best of my knowledge, and the child herein described has my permission to engage in all activities, unless otherwise noted by me. I give permission to the physician or hospital selected by a representative of my child's school to hospitalize, secure proper treatment for, and to order medications, injections, anesthesia, or surgery for my child as named above only in case of emergency.

signature of parent/guardian

date