

Mulgrave Road Theatre – Student Information Sheet

STUDENT INFORMATION

Last Name:	
First Name:	

PARENT/GUARDIAN INFORMATION

Primary Contact Name:	
Primary Work #:	
Primary Home #:	

EMERGENCY CONTACT

Name:	
Work #:	
Home #:	
Relationship:	

MEDICAL INFORMATION – Please use separate sheet if necessary

Allergies: (please provide details)	
Physical Disabilities:	
Medical Conditions:	
Family Doctor	

ALTERNATE PICK-UP (Please indicate any other individuals that have permission to pick up your child)

Details	Alternate # 1	Alternate # 2
First Name:		
Last Name:		
Phone#:		
Relationship:		

ROADies is a group participation program that requires all participants to be actively involved in the program events and activities. Non-participation or disruption of the day-to-day activities in the program could result in my child being asked to leave the ROADies program in order to be fair to other participants taking part in the program.

A refund will not be issued should my child be asked to leave the program.

I _____ the parent/guardian of _____ have read the above terms of involvement regarding ROADies and hereby understand and agree.