# Musicals At Richter SUMMER YOUTH MUSICAL THEATER WORKSHOP Authorization & Waiver Form

Please review, complete, and sign each of the forms/waivers. One or both parents or guardians must sign.

These forms must be turned in before or on the first day of the program.

No student will be allowed to participate without these forms.

1. EMERGENO	CY AUTHORIZATION FORM		
I/We		is/are the parent(s), (custodial	
parent), or guar		who is participating in the	
		rogram at Musicals at Richter. In the event I/W	
cannot be reach	ned, I/We authorize the Program Directors	or the acting person in charge of the program to	)
make decisions	regarding the emergency care and treatme	ent of, including	ıg
seeking and app	proving of medical treatment. This Emerge	ency Authorization is valid from	_ to
	_, the entire dates of the program.		
Date	Signature of Parent or Guardian	Relationship to Participant	
	J		
Date	Signature of Parent or Guardian	Relationship to Participant	
<i>Suit</i>	organical of Further of Caucana	remonant to rancepant	
2 WAIVED OF	LIABILITY FORM		
		ds, and stage facility, the undersigned understa	nds
		he/they is/are assuming full responsibility of a	
		al belongings that brings with him	
		not the responsibility of Musicals at Richter.	1, 1101
		rance coverage does NOT cover these persona	1
		r program personnel will provide	
		to his/her participation based on what was disc	
		at Musicals at Richter's SUMMER YOUTH	lobea
•		tistic discipline that involves physical activity.	
		th the knowledge that even when working slowl	v and
	ppropriate skills within a safe environment		<i>y</i>
surery on age a	pp10p1	viiere is writings one potential for injuries.	
Date	Signature of Parent or Guardian	Relationship to Participant	
Date	Signature of Parent or Guardian	Relationship to Participant	
3. WAIVER OF	PUBLICITY FORM		
I, the undersign	ned, give permission for the use of any pho	tos, movies, and audio or video tapings of my	
child's activitie	s in the Musicals At Richter SUMMER YO	OUTH MUSICAL THEATER WORKSHOP. T	he
material so obta	ained may be employed with Musicals at R	ichter for educational purposes, media coverag	ge or
for any publicit	y purposes.		
- 1			
Date	Signature of Parent or Guardian	Relationship to Participant	
Date	Signature of Parent or Guardian	Relationship to Participant	

## Musicals at Richter Summer Youth Musical Theater Workshop

# MAR Kids Participant Medical History Report

This form must be completed, signed and returned by parent or guardian. It is the aim of Musicals at Richter to have each participant enjoy as complete an experience as is possible within his/her capabilities. Your medical history will provide the essential information needed to meet this goal. The history is required primarily to determine what adjustments, if any, should be made in schedules of activities to meet the individual needs of participants, and that the participant may safely participate in those activities. NOTE: MUSICALS AT RICHTER, THE DIRECTORS, AND ALL STAFF RESERVE THE RIGHT TO DETERMINE THE EXTENT OF PARTICIPATION OF EACH PARTICIPANT IN ALL ACTIVITIES CONDUCTED AT THE MUSICALS AT RICHTER SUMMER YOUTH MUSICAL THEATER WORKSHOP.

The CONFIDENTIAL information will also be used in the event of any participant injuries.

Please Clearly Print the Following Information

Participant (LAST NAME, FIRST, MI)	STUDENTS AGE / BIRTHDATE	
PARENT / GUARDIAN NAME	ADDRESS	
DAY PHONE	MOBILE PHONE	

### IN CASE OF AN EMERGENCY CONTACT (AVAILABLE 24 HOURS)

FULL NAME	RELATIONSHIP	CONTACT NUMBER

#### PERSONAL HISTORY

Please check the box besides any current or previous medical issue

		r			
D Measles (Rubella)		D Kidney	D Pneumonia		
D Rubella (3-day measles)		D Insomnia	D Mumps		
D Bladder proble	em	D Chest pain	D Chicken pox		
D Tension or dep	ression	D Chronic pain	D Frequent headaches		
D Cancer		D Head Injury	D Palpitations		
D Knee Sprains		D Sinusitis	D Hay fever, asthma		
D Thyroid		D Ear trouble	D High blood pressure		
D Jaundice, liver	disease	D Heart problem	D Heart murmur		
D Tuberculosis		D Stomach trouble D Throat problems			
D Eye trouble		D Rheumatic fever	D Hypoglycemia		
D Fainting		D Back problem	D Joint problems	S	
D Allergies (drug	s/food)	DSTD's	D Gall bladder trouble		
D Diabetes		D Hernia	D Sickle cell ane	mia	
D Seizure / Epilepsy		D Neurological dis	sorder		
D Ankle Sprains		D Knee Sprains			
o Mild		o Mild			
o Severe		o Severe			
Other					
Other				-	
				_	
				-	
				_	
Place list here a	ny HOSPITALI7	ATION or OUT-PATI	ENT SHRGERV the	ot the workshopper	
has had within th	-		ENI SONGERI IR	u tile workshopper	
	1				
Name of			Type of illness		
Hospital	City & State	Date	or operation	Outcome	