

RiverWest Music Theatre

Summer 2019

Registration Form

Please fill out or circle where appropriate. Please write as neatly as possible.

First & Last Name _____ Nickname? _____

Street Address _____

Camper cell phone _____ Camper home phone _____

Camper Email _____ Is email an effective means of communication with you? _____

Age _____ Birthdate _____ Grade in '19 _____

School _____

Parent/Guardian Name(s) _____

Parent/Guardian Email(s) _____

Parent/Guardian Phone #(s) _____

Health Insurance Carrier and Number _____

Doctor's Name _____ Phone _____

PERSON TO CONTACT IN AN EMERGENCY (if parent/guardian is not available)

Please list any physical conditions of which medical personnel should be aware:

Please list any medications or foods known to cause an allergic reaction:

I give representatives of RiverWest Music Theatre permission to seek medical care for _____

in the event that I cannot be reached or until I am able to be present.

Signature of Parent/Guardian

Date

More About You:

T-shirt size: Adult S / M / L /XL

Soprano/Alto/Tenor/Baritone/Bass

Previous shows/roles you have performed: (previous experience NOT required!)

Show _____

Show _____

Role _____

Role _____

Do you have any special talents? (i.e. cheerleading, gymnastics, juggling, etc. Explain)

Is there anything else you'd like us to know?

TO REGISTER:

--Registration forms may be scanned and emailed to RiverWestMT@gmail.com

--Checks may be made payable to *RiverWest Music Theatre* and mailed to:

100 Willis Avenue, Cresskill, NJ 07526

--\$300 non-refundable deposit required upon registration. Balance due May 1.

Refund Policy: 50% up until June 1; no refunds after June 1.