

**DEEP RIVER PARKS AND RECREATION  
2017-2018 MUSICAL REGISTRATION FORM**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Audition day (please circle): Oct. 16th or Oct. 17th                      Child's T-shirt size (please circle): YM YL S M L

Dates not available for rehearsals\*: \_\_\_\_\_

*\*These dates will be used to create the rehearsal schedule. Please include all dates your child will not be able to attend such as doctor's appointments, sports practice, etc. All dates listed here will be considered excused absences. Participants will be allowed no more than three unexcused absences. If they have more than three unexcused absences, their part may be resigned. Absences due to illness are considered excused.*

**Medical Information:**

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Allergies to food, medications, etc. \_\_\_\_\_

Will child require medication to be administered during the program? \_\_\_\_\_

Does your child have special needs that require special accommodations (developmental, emotional or physical)?

Yes\*      No      \_\_\_\_\_

*\*If yes, please fill out the Parks & Recreation's Accommodation form and submit it along with this registration form*

Parent #1 or Guardian #1 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent #2 or Guardian #2 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**DEEP RIVER PARKS AND RECREATION  
2017-2018 MUSICAL REGISTRATION FORM**

Please list two people we can contact in case of emergency:

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

The following people have my permission to sign my child out:

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

**Medical Release:**

Recognizing the possibility of physical injury associated with any theater program, accepting the registrant for the theater program and its activities, I hereby release, discharge and /or otherwise indemnify Deep River Parks and Recreation, the Town of Deep River, Deep River Elementary School, DRES employees and associated personnel, including volunteers and sponsors against any claim by or on behalf of the registrant's participation in the program. My child has received a physical examination by a licensed physician and has been found physically capable of participation in the program. I also assume financial responsibility for any medical expenses required for my child.

\_\_\_\_\_  
Signature of Parent/Guardian Date \_\_\_\_\_

**Release of Deep River Elementary School Student Information:**

**FERPA Authorization:** I hereby authorize the School Board and School Administration for Deep River Elementary School Student to release and/or discuss non-directory and related information regarding the student named on this registration form to: Town of Deep River, Department of Parks & Recreation Staff, 174 Main Street, Deep River, CT 06417(Phone: 860-526-6036).

The purpose of releasing this information is: to obtain information relevant to the student's birth certificate, custody and visitation arrangements, inoculation or related health records and emergency contact information. I affirm that I have read carefully the foregoing authorization and that I fully understand the meaning and intent of this release. I affirm that I have signed this authorization voluntarily, and knowingly and with the intent of being legally bound. I also understand that I may revoke any part or all of this authorization at any time upon submission of an updated FERPA Authorization Release to the school that the student attends.

Student's Name \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

**Photo/ Video Release:** I hereby give permission to have \_\_\_\_\_ (child's name) photographed during the Deep River Parks and Recreation musical *The Ever After- A Musical*. I understand that these photos and recordings might be posted on the town website or used in future town publications.

\_\_\_\_\_  
Signature of Parent/Guardian Date \_\_\_\_\_

**Return this completed form with payment (\$85.00) to Deep River Parks & Recreation's Office @174 Main Street, DR or you may submit it to your child's classroom teacher or to the DRES office. Checks should be made payable to Deep River Parks and Recreation with 'theater program' written in the memo line.**

**FORMS DUE BY OCTOBER 13, 2017**

**Please attach a note to this form allowing your child to be dismissed to our staff.**