



Liberty Lake Community Theatre

*Save the Drama
for the Stage*

2019 Registration Form

CHILD INFO

Name: _____

Address: _____

DoB: _____ Age: _____ Grade: _____ T-Shirt Size: _____

Phone #/Email (if different from Parent/Guardian): _____

PARENT/GUARDIAN INFO

1) Relationship to child: _____
Name: _____
Primary Phone #: _____
Secondary #: _____
Email: _____

2) Relationship to child: _____
Name: _____
Primary Phone #: _____
Secondary #: _____
Email: _____

EMERGENCY CONTACT INFO*

*To be contacted if Parent/Guardian is unavailable

Name: _____ Relationship to child: _____
Primary Phone #: _____ Secondary #: _____
Email/Additional Contact Info: _____

PHOTO/VIDEO RELEASE

During our sessions, the LLCT staff takes photos and videos for group/cast pictures, daily records, slideshows, and promotional purposes. If there is any reason that you would like to request your child NOT be recorded on photo/video, then you need to contact our staff in person or at info@libertylaketheatre.com as soon as possible.

Signature: _____ Date: _____