



Liberty Lake Community Theatre

*Save the Drama
for the Stage*

2017 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: _____ 2) Relationship to child: _____

Name: _____ Name: _____

Primary Phone #: _____ Primary Phone #: _____

Secondary #: _____ Secondary #: _____

Email: _____ 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, slide shows, 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 at info@libertylaketheatre.com at your earliest convenience.

Signature: _____ Date: _____

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www.libertylaketheatre.com