

Harmony

youth theater

www.harmonyyouththeater.com
admin@harmonyyouththeater.com

1001 N Douglas Ave
Arlington Heights, IL 60004
847-749-2050

Please fill out the following form and mail payment to:

Harmony Youth Theater
% Sarah Wade
1001 N Douglas Ave
Arlington Heights, IL 60004

Please fill out one form per child you are registering. If you have questions, please contact us at admin@harmonyyouththeater.com.

Child's Name _____ Age _____ Grade _____

School _____ Male _____ Female _____

Child's Home Address _____

Parent's Name _____ Primary Phone _____

Family Email _____ Secondary Phone _____

Emergency Contacts:

Name	Relationship	Phone number
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1. _____

2. _____

Please list any medical conditions below (allergies, asthma etc.):

I, on my own behalf and as the guardian of _____ (participant's name) hereby release Harmony Youth Theater Company, its employees and/or agents from all liability in respect to personal illness, personal injury, or property damage that may be incurred, occurring on or off the classes' premises. In the event that I cannot be reached in an emergency involving the above named child, I hereby give permission to Harmony Youth Theater Company and its employees/agents to take all emergency action necessary to safeguard the wellbeing of my child. I agree that I will be responsible for payment of all medical services rendered. I hereby give Harmony Youth Theater permission to take photographs and videos for the promotional use of the business.

Parent/Guardian Name (printed) _____

Parent/Guardian Name (signed) _____

Date _____

Child 1	\$190		
Child 2	\$175		
		Total Payment Included	