

PCT *Legend of Sleepy Hollow* Enrollment Form

Child's Name- _____

Age- _____ Grade- _____ Eyes- _____

Hair- _____ Height- _____ Male/Female (circle)

Mother/Guardian Name- _____

Father/Guardian Name- _____

Home Address- _____

Child's Name	Cast or Crew	Cost
Total-		

Conflicts with rehearsal Dates- _____

To Enroll- Please Mail this form along with payment to:

Pacific Children's Theatre
4061 Jackdaw Street
San Diego, CA 92103

Payment- Complete payment is due at the time of enrollment. Please enclose a check made out to Pacific Children's Theatre.

Questions?- Please call 619-920-2838 or send us an email at:

pacificchildrenstheatre@yahoo.com.

Emergency Contacts/Medical Release

Child's Name _____

School _____ Birthdate _____ Male/Female (circle one)

Mother/Guardian first and last name _____

Day time phone _____ Evening Phone _____

Email _____ Cell _____

Father/Guardian first and last name _____

Day-time phone _____ Evening Phone _____

Email _____ Cell _____

Is there any other way to contact you during an emergency? _____

Does your child have any special medical concerns (allergies, medications, conditions, etc)?

Please explain...

Parent or Guardian- Please Read and Sign the Following Medical Release.

As a parent or court-appointed guardian for the above named child, I hereby give my consent to the Pacific Children's Theatre to obtain all emergency dental or medical care prescribed from a duly licensed physician (M.D.) or dentist (D.D.S.). This care may be given under whatever conditions are necessary to preserve life, limb, or the well-being of my dependent.

Signature (in ink) _____ Date _____