



**Exceptionally, Extraordinary Training for the Young Actor**  
Denver, CO (303) 476-0222 | Boca Raton, FL (561) 962-1570 | Email: [contact@RMCTonline.com](mailto:contact@RMCTonline.com)

**PLEASE COMPLETE THIS FORM TO REGISTER AND  
RETURN IT TO [Contact@rmctonline.com](mailto:Contact@rmctonline.com)**

Holiday Show \_\_\_ Summer Camp \_\_\_ Acting Class: Conservatory \_\_\_ Acting 101 \_\_\_

STUDENT'S NAME #1: \_\_\_\_\_

• AGE: \_\_\_\_\_ BIRTHDAY: \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE FALL 2021: \_\_\_\_\_

STUDENT'S NAME #2: \_\_\_\_\_

• AGE: \_\_\_\_\_ BIRTHDAY: \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE FALL 2021: \_\_\_\_\_

PARENT/GUARDIAN NAMES: \_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

• PHONE: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

HEALTH ISSUES: \_\_\_\_\_

\_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

\_\_\_\_\_



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DIETARY RESTRICTIONS: \_\_\_\_\_  
\_\_\_\_\_

List all medications your child is taking now: \_\_\_\_\_  
\_\_\_\_\_

Child's Health Insurance: \_\_\_\_\_

- Policy Number: \_\_\_\_\_

**MEDICAL RELEASE FORM**

In case of a medical emergency, we must have your written permission to seek immediate medical attention for your child.

The information above in this release is correct and my child has permission to take part of all RMCT youth theater activities. In case of emergency, I give my consent to provide my child with emergency medical care needed and I agree to assume all responsibility for charges incurred.

**LIABILITY RELEASE FORM**

I am the parent/guardian of a minor, on behalf of the minor, thereby fully release and discharge RMCT - Youth Actor Theater, its assigns, and successors, from all rights, claims, and actions which the minor or his/her successors may have against RMCT - Youth Actor Theater arising out of the minor's participation.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent or Legal Guardian (Print Name) Date signed

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent or Legal Guardian (SIGNATURE) Date signed



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**COVID-19 PUBLIC HEALTH-ACKNOWLEDGMENT AND DISCLOSURE**

I UNDERSTAND THAT DURING THIS COVID-19 PUBLIC HEALTH EMERGENCY, I WILL NEED TO RESPECT THE PROCEDURE IN PLACE FOR THE SAFETY OF ALL PERSONS PRESENT IN OUR FACILITY.

I UNDERSTAND THAT TO PARTICIPATE IN ALL RMCT ACTIVITIES, MY CHILD MUST BE FREE FROM COVID-19 SYMPTOMS. IF AT ANY TIME DURING MY CHILD'S ATTENDANCE ANY OF THE COVID SYMPTOMS APPEAR, MY CHILD WILL NEED TO RETURN HOME AS SOON AS POSSIBLE.

_____	____/____/____
Parent or Legal Guardian (Print Name)	Date signed
_____	____/____/____
Parent or Legal Guardian (SIGNATURE)	Date signed

**DEPOSIT NEEDED:**

**A DEPOSIT OF \$99 IS NEEDED TO RESERVE YOUR SPOT  
PAYABLE ONLINE, VIA CHECK OR  
VENMO (RMCT ANTHONY HUBERT @Anthony-Hubert-5)**

[www.YouthActorsRMCT.com](http://www.YouthActorsRMCT.com)