Enrollment Form

Please complete this form and return to the registration desk.

Workshop/Production Fee- $335.00
Admin/Insurance Fee- $25.00
Costume Rental Fee- $85.00
ALL FEES ARE NON-REFUNDABLE

- **Checks should be made payable to MET**
- **Most credit cards accepted ($5/ transaction fee)**

(Please Print Clearly)

Area:
SD-North County __ SF Valley __ East San Gabriel Valley __ Torrance/South Bay

Show Title:

Name as you would like it to appear in the souvenir program:

Address

City	State	Zip Code

Phone Number	Emergency Number

Age (Today)	Date of Birth	Sex
		☐ Male ☐ Female

School (Today)	Grade (Today)

Parent/Guardian Name (Please PRINT)	E-Mail Address ***(one you check regularly)*** if available

How did you hear about the program?	Have you been in MET before? ☐ Yes ☐ No

By signing below, you acknowledge that the registration fee is non refundable and under no circumstances will it be refunded or transferred to another season/show. Also, your signature authorizes that any photographic and/or video taped images of your child may be used by MET for marketing and publicity purposes without further authorization from the parent/guardian and without financial or other compensation.

Please sign for acknowledgement ***(must be 18 or older)***

For Office Use Only

Date	Amount Paid		Staff Initials
		☐ Cash ☐ Check - #___________ ☐ Credit Card_____________________________	

Authorization for Third Party To Consent for Treatment of Minor

I, the undersigned, parent/person having legal custody/legal guardianship of ____________________, a minor, do hereby authorize the staff and/or volunteers of Metropolitan Educational Theatre Network ("MET2"), as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act, whether such diagnosis or treatment is rendered at a physician's office, medical group, clinic or hospital. I understand that although care is reviewed and supervised by a physician, actual care may be rendered by physician extenders (i.e., physician assistants, nurse practitioners).

It is understood that this authorization, given pursuant to the provisions of Civil Code Sec. 25.8, and made in advance of any specific diagnosis, treatment or hospital care being required, is given to provide authority to the above described agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

I hereby authorize any physician's office or hospital which has provided treatment to the above-named minor pursuant to the provisions of Civil Code Sec. 25.8 to surrender physical custody of such minor to my above-named agent(s) upon the completion of treatment. This authorization is given pursuant to Health and Safety Code Sec. 1283.

This authorization shall remain effective until the arrival on the scene of the parent(s)/person having legal custody/legal guardianship of above-named minor child (or their designee) at which time the staff and/or volunteers of Metropolitan Educational Theatre Network will no longer be responsible for decisions regarding diagnosis and/or treatment of above-named minor child.

This authorization shall remain in effect through the rehearsals and performances in which the above named minor is participating, unless sooner revoked in writing.

I agree to indemnify and hold harmless MET2, its employees and volunteers, from and against any and all liability for any injury which may be suffered by the above named minor during rehearsals and/or performances conducted by MET2.

____

Signature of Parent(s)/Guardian(s) Date

Special Medical Considerations ____
(ADD, ADHD, prone to nose bleeds, allergies to food or medicine, diabetes, etc.)

Preferred Hospital ________________________

Name of Physician ______________________________________ phone____________________

Insurance Company ______________________________________ I.D. number ________________

Participant's Birthdate ______________________ Height________ Weight ___________