

# YAG Drama Workshop

Tentative dates:  
Saturdays January 11-February 15  
35 State St., Troy, NY  
Ages 14+

Student's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## In Case of an Emergency:

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Doctors Address: \_\_\_\_\_

\_\_\_\_\_

List of all Allergies: \_\_\_\_\_

\_\_\_\_\_

List all medications being taken: \_\_\_\_\_

\_\_\_\_\_

List all medical problems we should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I give permission to Young Actors Guild staff to consent to medical treatment/healthcare services without limitations, on behalf of my/our child/children in my/our stead as may be deemed necessary, proper or prudent in the discretion of said agent, employee and/or chaperone.**

Insurance Provider: \_\_\_\_\_ ID#: \_\_\_\_\_