2023 SALAMANCA YOUTH BUREAU ARTS ALIVE SUMMER THEATER PROGRAM REGISTRATION

NAME: _	DATE:	
ADDRES	ESS:	
PHONE:	:: SEX: Female AGE: DATE OF BIRTH: Male:	
	GRADE (<i>Fall 2023</i>)	
RACE:	1. White4. Native American2. Black5. Asian3. Hispanic6. Other	
	YOUR CHILD HAVE ANY MEDICAL CONDITIONS/ALLERGIES WE SHOULD E OF? (Please explain):) BE
PHONE 1	C NUMBER IN CASE OF EMERGENCY:(Cell) (Work)	
PARENT	T'S NAME:(Work)	
DOES Y	OUR CHILD HAVE ANY THEATRE/ART DANCE EXPERIENCE?	
PLEASE	E EXPLAIN:	
	YOUR CHILD HAVE ANY SPECIAL INTERESTS IN THEATRE/ART/ E? (Please explain):	
	D A PARENT/GUARDIAN BE WILLING TO VOLUNTEER FOR SPECIFIC TIES? (Productions, etc.): YES NO (Circle one)	
PLEASE	E LIST SPECIFIC TIMES (VACATION, CAMPS ETC.) YOU ARE UNABLE TO	ATTEND
GIVE N	TAL PERMISSION: I, AY CONSENT FOR RTICIPATE IN THE ARTS ALIVE PROGRAM. I ACCEPT ALL OF THE CO	NDITIONS
UNDER	R WHICH HE/SHE MAY PARTICIPATE AND AGREE TO ADHERE AND IN ADHERES TO ALL THE RULES.	