2024 SALAMANCA YOUTH BUREAU ARTS ALIVE SUMMER THEATER PROGRAM REGISTRATION

NAME:	DATE:	
ADDRES	SS:	
	SEX: Female AGE: DATE OF BIRTH: Male:	
	GRADE (Fall 2024)	
RACE:	1. White 4. Native American	
	2. Black 5. Asian 3. Hispanic 6. Other	
AWARE	OUR CHILD HAVE ANY MEDICAL CONDITIONS/ALLERGIES WE SHOULD E OF? (Please explain):	E
	NUMBER IN CASE OF EMERGENCY:(Cell) (Work)	
PARENT	(Work) Γ'S NAME:	
DOES Y	OUR CHILD HAVE ANY THEATRE/ART DANCE EXPERIENCE?	
PLEASE	EXPLAIN:	
DANCE	OUR CHILD HAVE ANY SPECIAL INTERESTS IN THEATRE/ART/ ? (Please explain):	
WOULD	A PARENT/GUARDIAN BE WILLING TO VOLUNTEER FOR SPECIFIC ΓΙΕS? (Productions, etc.): YES NO (Circle one)	
PLEASE	LIST SPECIFIC TIMES (VACATION, CAMPS ETC.) YOU ARE UNABLE TO AT	TEND
TO PAR	TAL PERMISSION: I,	

CHILD ADHERES TO ALL THE RULES.