

HEALTH & LIABILITY
TYPE OR PRINT LEGIBLY IN BLACK INK

Attach copy of both sides of insurance card
-ONE FORM PER DELEGATE-

_____ STUDENT MEALS
_____ ADULT _____ REGULAR
 _____ VEGETARIAN

NAME _____ GRADE _____ CELL PHONE _____
HOME PHONE _____ HOME ADDRESS _____
CITY _____, CA ZIP _____ BIRTHDATE ____/____/____
HIGH SCHOOL _____ TROUPE # _____ DIRECTOR'S NAME _____
DIRECTOR'S CELL _____ NAME OF PARENT/GUARDIAN/EMERGENCY CONTACT _____
PHONE NUMBER OF EMERGENCY CONTACT: _____ (This person will be called in case of an emergency.)

PLEASE PROVIDE THE FOLLOWING CONCERNING THE DELEGATE:
***ATTACH A COPY OF THE FRONT AND BACK OF THE DELEGATE'S INSURANCE CARD, IF COVERED**

ALLERGIC REACTIONS TO _____

MEDICATIONS CURRENTLY TAKEN _____

ANY PAST ILLNESSES OR OTHER INFORMATION THAT WOULD BE USEFUL IN THE EVENT MEDICAL

TREATMENT IS NECESSARY _____

PAYMENT WILL BE MADE BY _____ PARENTS _____ DELEGATE _____ HEALTH INSURANCE CO. (MUST CHECK ONE)

NAME OF HEALTH INSURANCE CO. _____

POLICY # _____ GROUP # _____ PHONE NUMBER _____

FAMILY PHYSICIAN _____ CITY _____ PHONE NUMBER _____

-LIABILITY RELEASE-

The undersigned hereby releases and agrees to hold harmless the International Thespian Society (a component of the Educational Theatre Association) and its respective agents, employees, and representatives from any and all claims, demands, actions, and causes of action which the undersigned may have as a result of the delegate listed above participating in the California State Thespian Festival.

The undersigned further agrees to be responsible for him/her while traveling to and from said Festival and any expenses incurred by the delegate, caused by the delegate, and/or for any personal injuries which may occur to the delegate. The undersigned also agrees to the Festival's security rules and regulations (as stated in the Code of Conduct) with the understanding that, should any problems occur with the delegate during the Festival weekend, the delegate will be returned home, and parents or guardian of the delegate will be required to pick up the student and will be financially responsible for all necessary costs incurred. The undersigned also acknowledges that Festival registration fees cannot be refunded.

Activities at Festival will be photographed and videotaped for archival and promotional purposes. The undersigned agrees to allow reproduction and distribution of all images for Thespian use.

The undersigned further understands that should a major medical problem arise, he/she will be notified by telephone. In the event that he/she cannot be reached, he/she hereby gives consent to such medical treatment deemed necessary, including x-ray examination and anesthesia to be rendered by a licensed physician or physicians. The undersigned certifies that he/she has read and fully understands this authorization.

Signature of Parent/Guardian Date _____ (if over 21, adult delegate's signature)

Mail the HEALTH & LIABILITY FORM with the CODE OF CONDUCT copied on the back plus copy of health insurance card with your troupe's completed registration packet ON or BEFORE FEBRUARY 1ST.