

# Stage Screen Stars

*GleeKids, GleeBaby, Screen Acting,  
Script Writing, After School Drama Club*

## Enrolment Form

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

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

Contact Phone Number: \_\_\_\_\_

PARENT(S)/GUARDIAN(S) + emergency contact numbers please

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Alternative Emergency contact: \_\_\_\_\_

\*\*\*PLEASE REMEMBER TO LET US KNOW IF ANY INFORMATION CHANGES\*\*\*

PLEASE DETAIL HERE IF THERE ARE ANY PERSONS NOT AUTHORISED TO PICK UP CHILD

How did you hear about our classes?

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#### RELEASE AND AUTHORIZATION

Name of Student: \_\_\_\_\_

Please indicate below any health problems or conditions of which facilitators should be aware (such as heart, back, medical, allergy, muscular, diabetes, epilepsy, chemical or neurological condition, special medication, knee/kidney/shoulder problems, etc.). I understand that risk of injury is inherent in any physical activity and I, accept that risk and responsibility. Teachers and other parents attending may, in emergency situations treat or obtain treatment for your child. Please note, safety of your child is always taken seriously. Stage screen Stars facilitators will always do their absolute best to ensure safety at all times.

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#### EMERGENCY INFORMATION

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

\*\*If an Epi pen or any other medication will be in the student's bag etc which the child may need please put description of bag and how to administer here

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME \_\_\_\_\_

**[thesinginhobbit.wix.com/stagescreenstars](https://thesinginhobbit.wix.com/stagescreenstars)**

[Whakatane.lee@gmail.com](mailto:Whakatane.lee@gmail.com) 027 487 3369