

ORANGE COUNTY CHILDREN'S THEATRE WORKSHOP REGISTRATION

Participant's Name:			
Birth Date:	Age:	Grade:	
Parent's Name:		Ph #:	
Email:			
Workshop:SEUSSICAL Date/Time: January 29th, 2025 f Price: \$30 Payment: Venmo @deanne-hemr	•		
PERMISSION SLIP/MEDICAL	L RELEASE FORM/WAIVI	ER OF LIABILITY/COVID IND	EMNIFICATION
to abide by them and to fulfill our obligation Administrative Board of OCCT immediated I will permit photographs and videos of my Board of OCCT. Furthermore, I hereby authorize and consessupervision of any member of the medical licensed under the provisions of the Dental the State of California Department of Publicensed under the provisions of the Dental the State of California Department of Publicensed under the provisions of the Dental the State of California Department of Publicensed under the provisions of the Dental the State of California Department of Publicensed under the provisions of the Dental the State of California Department of Publicensed under the provisions of the Dental the State of California Department of Publicensed under the state of California Department of Publicensed under the state of Publicensed und	ons as required. If I have any questionely and not wait for a problem to arise by child taken at this event to be used function of the problem to arise by child taken at this event to be used function of the provide authority and power to render the word that every effort shall be maderated a worldwide pandemic by on-to-person contact. As a result, feder many locations, prohibited the congrese spread of COVID-19; however, OC and OCCT activities could increase you out the proposed to or infected by COVID-19 and voluntar activities and that such exposure or in the proposed to or infected by COVID-19 and voluntary of the proposed to or infected by COVID-19 and voluntary activities and that such exposure or in the proposed to or infected by COVID-19 and voluntary of the proposed to or infected by COVID-19 and voluntary of the proposed to or infected by COVID-19 and voluntary of the proposed to or infected by COVID-19 and voluntary of the proposed to or infected by COVID-19 and voluntary of the proposed to or infected by COVID-19 and voluntary of the proposed to or infected by COVID-19 and voluntary of the proposed to or infected by COVID-19 and voluntary of the proposed to or infected by COVID-19 and voluntary of the proposed to or infected by COVID-19 and voluntary of the proposed to or infected by COVID-19 and voluntary of the proposed to or infected by COVID-19 and voluntary of the proposed to or infected by COVID-19 and voluntary of the proposed to or infected by COVID-19 and voluntary of the proposed to or infected by COVID-19 and voluntary of the proposed to or infected by COVID-19 and voluntary of the proposed to or infected by COVID-19 and voluntary of the proposed to or infected by COVID-19 and voluntary of the proposed to or infected by COVID-19 and voluntary of the proposed to or infected by COVID-	c, medical or surgical diagnosis rendered under the provisions of the Medicine Prageneral hospital holding a current license to thorization is given in advance of any special care which the aforementioned physician de to contact the undersigned prior to rendered cannot be reached. The World Health Organization. COVID-19 and, state, and local governments and federagation of groups of people. Orange County CT cannot guarantee that you or your child risk and your child(ren)'s risk of contractivity assume the risk that my child(ren) and I infection may result in personal injury, illne 19 at OCCT may result from the actions, on gram participants and their families. I volumen) or myself (including, but not limited to, my child(ren) may experience or incur in chalf of my children, I hereby release, covered from the Claims, including all liabilities, agree that this release includes any Claims was, whether a COVID-19 infection occurs Covid-19 In-person Rehearsal and Perform y agree to indemnify and hold harmless Ora om any liability, claim, or action for damagauthorization is to remain in effect during the	l ask a member of the ation of the Administrative ander the general or special actice Act or a dentist to operate a hospital from fic diagnosis, treatment or in the exercise of his/her ering treatment to the going treatment to the going the extremely contagious all and state health agencies Children's Theatre has pulled the good of the exposed to or in the exposed to assume all personal injury, disability connection with my and the total the exposed to the exposed on the actions, before, during, or after nance Guidelines, as in the exposed to the exposed on the actions, before, during, or after nance Guidelines, as in the exposed to the exposed on the exposed of the exposed on t
Parent's or Legal Guardian's Name (Print) Pare	ent's or Legal Guardian's Signature	Date
Allergies (if none, please write NKA):		
Emergency Contact:		Phone #:	