



## BARN AND BLANKET REGISTRATION FORM

### Student Information

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone 1: \_\_\_\_\_

\_\_\_\_\_ Phone 2: \_\_\_\_\_

Best Email to use: \_\_\_\_\_

Parent(s) / Guardian(s) Name(s): \_\_\_\_\_

\_\_\_\_\_

Mobile / Daytime Phone(s): \_\_\_\_\_ / \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

### Student Medical Information

Allergies and/or Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Medication:

What Medication(s)? \_\_\_\_\_

\_\_\_\_\_

When are Medications Administered? \_\_\_\_\_

\_\_\_\_\_

Self or Staff Administered? \_\_\_\_\_

\_\_\_\_\_



## Pulley & Buttonhole Theatre Company

[www.pulleyandbuttonholetheatre.org](http://www.pulleyandbuttonholetheatre.org)  
[www.facebook.com/PulleyAndButtonTheatre](https://www.facebook.com/PulleyAndButtonTheatre)  
[bridget@pulleyandbuttonholetheatre.org](mailto:bridget@pulleyandbuttonholetheatre.org)

### Student Medical Information Continued

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Medical Insurance Plan: \_\_\_\_\_

Group Number: \_\_\_\_\_

ID Number: \_\_\_\_\_

### Student Pick-Up Information

Will Student Walk Home or be Picked Up at 3:00 each Day?      Walk ☐      Picked Up ☐

*If picking up, please be prompt!*

If Picked Up, by Whom? \_\_\_\_\_

***We understand that by enrolling in the Intensive, we commit to attending every session in its entirety, as well as both performances and the load-out on Friday, July 17. Failure to attend for any reason other than illness or emergency may result in removal from the program.***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form, the signed liability waiver, and a check for \$600.00 to:**

**Pulley & Buttonhole Theatre Company**

**P.O. Box 2114**

**Jenkintown, PA 19046**