

City of Selma and Selma Arts Center Youth Performing Arts Program

Theater Boot Camp

Registration Form

Players Name	Date	Age
Address	City, Zip	
Home Phone or Cell #	Emergency Phone #	Email Address (required)
Parent/Legal Guardian (Print) _		
agents relating to or arising from the City of Selma and its officer (including attorney's fees) and of program or in any way connected insurance for program participal	m my child's participation in the above pars, employees and agents from and again causes of action of whatsoever charactered therewith. The City of Selma does n	ns or negligence of the City, its officers, employees or program. That I will defend, indemnify and hold harmless inst any and all loss, liability, charges and expenses it which may arise by reason of participation in the above of provide accident, medical, liability or any other item might be taken as part of the program to promote our
Parent/Legal Guardian (sign)		Date
		ealth issues or allergies we should know about its, fabric, latex gloves, glues and other materials
	<u>Volunteer Sig</u>	n up
Parent volunteers are w	elcome. Please mark yes if you are able	to donate time and what you will be most interested in.
Yes No	Area interested <u>(exp. supervisior</u>	n)
Name (please print)	P	hone number