2026
SALAMANCA YOUTH BUREAU
ARTS ALIVE SUMMER THEATER PROGRAM REGISTRATION

NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____ SEX: Female_____ AGE: ____ DATE OF BIRTH: _____
Male: _____

GRADE (*Fall 2026*) _____

RACE:
1. White
2. Black
3. Hispanic
4. Native American
5. Asian
6. Other

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS/ALLERGIES WE SHOULD BE AWARE OF? (Please explain):

_____

PHONE NUMBER IN CASE OF EMERGENCY: _____ (Cell)
_____ (Work)

PARENT'S NAME: _____

DOES YOUR CHILD HAVE ANY THEATRE/ART DANCE EXPERIENCE? _____

PLEASE EXPLAIN: _____

_____

DOES YOUR CHILD HAVE ANY SPECIAL INTERESTS IN THEATRE/ART/ DANCE? (Please explain): _____

_____

WOULD A PARENT/GUARDIAN BE WILLING TO VOLUNTEER FOR SPECIFIC ACTIVITIES? (Productions, etc.): YES NO (Circle one)

PLEASE LIST SPECIFIC TIMES (VACATION, CAMPS ETC.) YOU ARE UNABLE TO ATTEND

_____

_____

PARENTAL PERMISSION: I, _____
GIVE MY CONSENT FOR _____
TO PARTICIPATE IN THE ARTS ALIVE PROGRAM. I ACCEPT ALL OF THE CONDITIONS UNDER WHICH HE/SHE MAY PARTICIPATE AND AGREE TO ADHERE AND INSIST MY CHILD ADHERES TO ALL THE RULES.