



2014 christmas Musical
Registration Form
(for kids going into grades k-6 this fall)

CHILD INFORMATION

Child's Name _____

Grade in September 2014 _____

In addition to being in the cast, I would also like to:

- sing a solo
- dance
- have speaking lines

I'd like to help behind the scenes.

PARENT INFORMATION

In the event of an emergency, you have my permission to seek emergency medical/dental care for my child/children while he/she attends a Pearce function.

Parent's Signature

Mother's Name _____

Phone Numbers:

(Home) _____

(Work) _____

(Cell) _____

Email _____

Father's Name _____

Phone Numbers:

(Home) _____

(Work) _____

(Cell) _____

Email _____

—over—

MEDICAL/RELEASE INFORMATION

Doctor's Name _____

Phone _____

Hospital _____

Insurance Carrier _____

Policy/Group # _____

Dentist/Ortho Name _____

Phone _____

The following people have permission to pick up my child. Please notify the following if an emergency occurs and I cannot be reached.

Name/Relationship _____

Phone Numbers:

(Home) _____

(Work) _____

(Cell) _____

Name/Relationship _____

Phone Numbers:

(Home) _____

(Work) _____

(Cell) _____

Picture Release: I give permission for my child's picture to be taken and used in publicity about Pearce ministries.

Parent's Signature

SCHEDULE

Performance: Sunday, December 7, 2014 at 6pm

Rehearsal Schedule:

Saturdays, September 13 and 20

Saturdays, October 18 and 25

Saturdays, November 1, 15, 22

Wednesday, December 3

Saturday, December 6