The Actors Workshop

Kelly DT Strom, Director

126 Chestnut St, Dunbar, WV 25064 304-766-7923

artistrom@aol.com

STUDENT REGISTRATION

STUDENT NAME:_____

CLASS DAY/ TIME:_____

PARENT/GAURDIAN NAMES:_____

ADDRESS:_____

PHONE NO.'S C: _____ H:_____ W:_____

EMAIL ADDRESS: _____

AGE: _____ BIRTHDAY: _____ GRADE: _____ SCHOOL: _____

Please list any physical, emotional, or learning disabilities you feel I should be aware of:

MEDICAL RELEASE

I, _____ give my permission to ANY STAFF at The Actor's Workshop to acquire emergency assistance should it be needed for my child,_____.
I also give my permission for ANY physician to use whatever measures necessary in the event of an emergency.

PARENT/GAURDIAN: _____

DATE: _____