

 **SUPERIOR ARTS YOUTH THEATER**
CONSENT FORM

Parental Consent:

I, (parent/guardian name) _____ hereby authorize my child to participate in the Superior Arts Youth Theatre program, including theatre classes, camps, rehearsals and performances. I further authorize making use of any films, photographs or other recordings of these activities for any purpose that SAYT may make or authorize to be made without compensation to my child or me. I also authorize use of my child's name or photograph, video in publicity information pertaining to the performances. This includes radio, television, print, internet (Facebook, YouTube, Twitter, website).

I affirm that I have the authority to sign this consent.

Signature: _____

Date: _____

Name of Child: _____

Emergency Contact/Relation to child: _____

Emergency Contact's Phone Number: _____

Medical Information:

Does your child have any allergies? _____ List: _____

Please describe any health problems below that we should be aware of:

Is there anything else that the director should be made aware of?