

Outlaw Actors

Registration Form

Date: _____

Actor's name: _____ Date of Birth: _____

Parents' names: _____

Address: _____ City _____ Zip _____

Home phone: _____ Cell phone: _____

E-Mail: _____

What is the best way to contact you? _____

Emergency contact: _____

How did you hear about us? _____

What are your child's interests, hobbies, and strengths? _____

What is your child's experience with acting and drama? _____

Any fears or anxieties that we should be aware of? _____

Allergies, medical, or dietary issues? _____

What social/emotional/behavioral issues concern you the most? _____

What do you hope your child will accomplish through participating in Outlaw Actors? _____

Has your child ever been given a diagnosis? If so, what and by whom? _____

Does your child know his/her diagnosis? _____

If yes, is your child comfortable talking about his/her diagnosis? _____

Is there anything else that would be helpful for us to know about your child? _____

**I, _____ (give/ do not give) permission for my child to be
photographed and videotaped during Outlaw Actors. The photos and short videos will be
used in group and will be shared with other group members.**

Parent's signature: _____