

ORANGE COUNTY CHILDREN'S THEATRE WORKSHOP REGISTRATION

Participant's Name:			
Birth Date:	Age:	Grade:	
Parent's Name:		Ph #:	
Email:			
Workshop:THE LITTLE MERMAID Date/Time: September 24th, 2025 from Price: \$30 Payment: Venmo @deanne-hemmens PERMISSION SLIP/MEDICAL REL	6:00-8:00pm	OF LIABILITY/COVID INDE	MNIFICATION
I, the undersigned parent or legal guardian of permitted to participate with Orange County Childr to abide by them and to fulfill our obligations as re Administrative Board of OCCT immediately and n I will permit photographs and videos of my child to Board of OCCT. Furthermore, I hereby authorize and consent to any supervision of any member of the medical staff and licensed under the provisions of the Dental Practice the State of California Department of Public Health hospital care being required but is given to provide best judgment may deem advisable. It is understoopatient, but that any of the above treatments will not The novel coronavirus, COVID-19, has been decla and is believed to spread mainly from person-to-per recommend social distancing and have, in many losin place preventative measures to reduce the spread infected with COVID-19. Further, attending OCCT this agreement, I acknowledge the contagious naturinfected by COVID-19 by attending OCCT activitideath. I understand that the risk of becoming exposing myself and others, including, but not limited to, OC of the foregoing risks and accept sole responsibility or death), illness, damage, loss, claim, liability, or echild(ren)'s attendance at OCCT activities ("Claim and hold harmless OCCT, its staff, employees, ager costs or expenses of any kind arising out of or relation omissions, or negligence of OCCT, its staff, employees, ager costs or expenses of any kind arising out of or relation in any OCCT activity. I am also acknow provided in the parent information packet. In consideration of acceptance of my child's registrative to activity listed above unless revoked in writing.	quired. If I have any questions report wait for a problem to arise. The aken at this event to be used for provided and the event to be used for provided and the event to be used for provided and the event to the staff of any acute geth. It is understood that this authors authority and power to render conditions that every effort shall be made to be withheld if the undersigned red a worldwide pandemic by the erson contact. As a result, federal cations, prohibited the congregated of COVID-19; however, OCCT activities could increase your right of COVID-19 and voluntarily less and that such exposure or infected by COVID-19 and the exposure of any kind, that I or may some proper to the exposure of any kind, that I or may some proper to the exposure of any kind, that I or may some proper to the exposure of any kind, that I or may some proper to the exposure of any kind, that I or may some proper to the exposure of any kind, that I or may some proper to the exposure of the exposure	publicity and other purposes by authorization and contact the provisions of the Medicine Practice and hospital holding a current license to orization is given in advance of any specificare which the aforementioned physician in to contact the undersigned prior to rendering cannot be reached. World Health Organization. COVID-19 is state, and local governments and federal a contact guarantee that you or your child(rest) assume the risk that my child(ren) and I may cannot may result in personal injury, illness, at OCCT may result from the actions, omis m participants and their families. I voluntation myself (including, but not limited to, per child(ren) may experience or incur in control of the Claims, including all liabilities, claim et al. (19 In-person Rehearsal and Performant participants and hold harmless Orang any liability, claim, or action for damages	sk a member of the on of the Administrative on of the Administrative or the general or special ice Act or a dentist perate a hospital from diagnosis, treatment or the exercise of his/her ng treatment to the sextremely contagious and state health agencies nildren's Theatre has put on) will not become COVID-19. By signing ay be exposed to or permanent disability, or sions, or negligence of rily agree to assume all resonal injury, disability, nection with my not to sue, discharge, ims, actions, damages, sed on the actions, fore, during, or after ce Guidelines, as
Parent's or Legal Guardian's Name (Print)	Parent	's or Legal Guardian's Signature	Date /
Allergies (if none, please write NKA):			
Emergency Contact:		Phone #:	