



*Good Shepherd  
Academy  
Summer Musical  
Theatre Program*

Participant's Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

**Secondary Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell: (    ) \_\_\_\_\_

**Allergies:**

Medications: \_\_\_\_\_

Food: \_\_\_\_\_

Other (bee stings, latex, etc.): \_\_\_\_\_

Is an Epi-pen required for any allergy? \_\_\_\_\_

**Photo Release:**

The undersigned gives permission to GSA to use photographs and/or video recordings of the above mentioned participant on website.

Parent/Guardian Signature \_\_\_\_\_