



Registration – Parent & Student

2019 - 2020

Registration forms and tuition may be mailed to:
Thin Ice Ensemble Theater
234 Montgomery Ln., Glenview, IL 60025

Date: _____

Parent/Guardian information can be submitted once per year and updated each session as needed:

Primary Residence:

Street Address: _____

City: _____ Zip Code: _____

Parent/Guardian 1: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Parent/Guardian 2: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Emergency Contact

Contact: _____ Relationship to Student: _____

Address _____

Phone #1: _____ Cell Phone: _____

Medical Release

In the unlikely event that my child(ren) become ill or are injured, and I, or the preferred physician or hospital named below, cannot be immediately contacted at the time of the emergency, and if in the judgment of the staff of Thin Ice Ensemble Theater, immediate observation or treatment is necessary, I authorize the staff to send my child(ren) to the hospital or medical facility most easily accessible. I further authorize that facility and any of its staff or any licensed physician to perform any medical treatment deemed necessary upon my child. I agree to be fully responsible for all costs of such treatment. I release Thin Ice Ensemble Theater, its employees, and agents from any claim of liability in connection therewith.

Preferred Physician _____ Phone No. _____

Preferred Hospital _____

Insurance Carrier _____ Policy Group No. _____

Student Health Information

Student #1: _____	Student #2: _____
Please list any relevant health problems, allergies, or learning disabilities: _____ _____	Please list any relevant health problems, allergies, or learning disabilities: _____ _____
Please list any medication being taken that we should know about: _____ _____	Please list any medication being taken that we should know about: _____ _____
Is there anything else you would like us to know? _____ _____	Is there anything else you would like us to know? _____ _____

Photo / Video Release

I hereby give my consent for my child(ren) to be photographed or video-recorded in connection with his/her/their participation with Thin Ice Ensemble Theater. I further agree that all such photographs and video recordings shall be the exclusive property of Thin Ice Ensemble Theater. I acknowledge and agree that Thin Ice Ensemble Theater may use any and all of those photos and video for educational, promotional and fundraising purposes.

Hold Harmless Agreement

I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume full risk of responsibility for injuries, damages, or losses regardless of severity which my child(ren) or I may sustain as a result of participating in any activities connected with or associated with programs provided by Thin Ice Ensemble Theater. I hereby fully release, waive, discharge, indemnify and hold harmless Thin Ice Ensemble Theater, its owners, directors, officers, employees and agents from any and all claims from injury, loss, or damage.

Signature of Parent/Guardian: _____ **Date** _____

If you have any questions, please feel free to contact our Company Manager by email at cheryent@comcast.net or by phone at 847-922-6586.

The mission of Thin Ice Ensemble Theater is to provide students of all abilities with a comprehensive, collaborative, and confidence-building theatrical experience through immersion in great plays, while providing the community with affordable, high-quality theater.



A 501c3 Nonprofit Organization