



2026 Theatre at the Mount Broadway Bound Permission and Contact Information Form

State regulations require we have parental contact information and at least one emergency contact person.

Childs Name: Date of Birth: Enrolling in Program(s): Parent/Guardian: Phone: Email: Second Contact: Second Phone:

Medical

Are there any legal restrictions on the release of your child or records to a non-custodial parent? Yes No

My child has a food ALLERGY to:

Does your child carry an EpiPen? Yes No

If your child has a disability and requires accommodation to participate fully in program activities, please contact the Disabilities Office at 978-630-9855 to discuss specific needs.

Please provide us with any additional information about your child that you think is important or may affect your child's ability to fully participate in the MWCC program(s) listed above.

Permissions I hereby allow MWCC to photograph the child listed above for use in any type of media MWCC deems appropriate. This can include, but is not limited to, newspaper stories, printed literature, and online information.

I hereby allow MWCC to photograph the child listed above: Yes No

Permissions and Assumption of Risk and Release I give my permission for the child listed above to participate in selected program(s). I understand that in the unlikely event of an accident, every attempt will be made to contact the person(s) named on this form.

I give my permission for the child listed above to participate in the selected program(s) (required): Yes No

Parent/Guardian Signature: Date:

Registration is not complete, and your child(ren) cannot attend until all forms are submitted.