

LEXINGTON YOUTH THEATRE BACKSTAGE FORM

Crew Member Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell # (crew): \_\_\_\_\_

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

Crew Member email: \_\_\_\_\_ Parent email: \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent's Name to contact about LYT information during practice and performance times.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Will you be attending the cast party? Yes \_\_\_ No \_\_\_

Backstage Experience: \_\_\_\_\_

**Please list any conflicts you may have the week of tech rehearsal**

Conflicts----Activity: \_\_\_\_\_ Day of the Week: \_\_\_\_\_ Time: \_\_\_\_\_

**EMERGENCY CONTACT**

(If parent cannot be reached, in the event of an emergency)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please list any food allergies or special needs:** \_\_\_\_\_

In the event of a medical emergency, I hereby authorize Lexington Youth Theatre and its representatives to secure emergency medical treatment for my child, \_\_\_\_\_

(child's name)

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_