



Registration Information:

Full Name: _____ D.O.B: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

School: _____

Parent's Name: _____ phone: _____

Parent's email: _____

If under 18:

I give Moving Mountains permission to photograph/film my child when participating in group activities, and performances.

Parent's signature: _____ Date: _____

Please inform Moving Mountains if your child becomes sick, or if they are exposed to Covid19. Please do not allow your child to attend any in person class or rehearsal if sick or if they are exposed to the coronavirus.

Interest: Drama _____ Chorus/Vocal _____ Dance _____ Film _____ Writing _____

Artistic Goals: _____

Medical condition: _____ Allergies: _____

Emergency contacts info:

Name: _____ relationship: _____ phone: _____

Name: _____ relationship: _____ phone: _____