

Highland Park United Methodist Church

**JESTERS**  
**Registration Form**

**DATES:** Rehearsals begin September 11, 2010. Performances are February 12 and 13, 2011. Schedule available on-line.

**Application includes:**

1. **Jesters Registration Form** (this document)
2. **Jesters Medical Form**
3. **Jesters Release Form**
4. **Fee:** \$60.00 per participant (electronic payment or check payable to HPUMC/Jesters)

All forms are available at HPUMC.org/Jesters webpage for download or electronic submission.

Completed applications may be returned by mail to Sue Ringle at 3514 Gillon Ave, Dallas, Texas 75205

Participant Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Email address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Circle preferred

Parent/Guardian Name \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Email address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Circle preferred

Does participant have a special interest or skill such as singing, dancing, playing instruments? \_\_\_\_\_

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Continue on back if needed

**Highland Park United Methodist Church**

**JESTERS**  
**Medical History Form**

Participant Name \_\_\_\_\_ Date of application \_\_\_\_\_

Preferred Name or Nickname \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Participant's home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Parent/Guardian home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**1<sup>st</sup> PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

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

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**2<sup>nd</sup> PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

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

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**NOTE: NO ONE AT HIGHLAND PARK UNITED METHODIST CHURCH  
WILL ADMINISTER ANY MEDICATIONS. IN THE EVENT OF AN  
EMERGENCY, 9-1-1 WILL BE CALLED AND THE PARENT/GUARDIAN  
WILL BE NOTIFIED.**

**MEDICAL HISTORY:**

Date of Birth \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

1. Describe the special needs or a diagnosis of the participant

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2. Allergies (e.g. insect stings, drugs, food)

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3. Recent injuries, illness, operations

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4. Is there any impairment of sight, hearing, or speech?

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5. Are there other chronic conditions?

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6. Please describe sensitivity to unusual lighting, sound, textures and other stimuli that may be encountered in a theater setting

7. Additional information that we should know

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Parent/Guardian's Printed Name

Parent/Guardian's Signature

**Highland Park United Methodist Church**

**JESTERS  
Release Form**

Participant's Name \_\_\_\_\_

We must have a completed release form for each participant. Please read the following information carefully and sign below.

- I understand that pictures, video recordings, and film may be taken at Jesters for the purposes of publicity or pictorial recordings. Pictures and video recordings may be taken by various media. I give my permission for the Participant to be photographed while at Jesters.
- No one at Highland Park United Methodist Church will administer any medications. In the event of an emergency, 9-1-1 will be called and then the parent/guardian will be notified. Upon arrival, EMS will administer emergency assistance and if necessary, Participant will be transported to the nearest medical facility for treatment. I understand that I will be responsible for payment of all EMS, hospital, and physician charges for emergency services for the Participant.
- I have fully disclosed to Highland Park United Methodist Church and Jesters all pertinent facts about the Participant's special needs and accept full responsibility for failure to do so.
- I release Highland Park United Methodist Church, the Staff, and volunteers of any liability in the event of an accident or injury due to participation in Jesters.

By signing below or submitting electronically, I understand and agree with the terms of this Release.

Participant \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Staff Review \_\_\_\_\_ Date \_\_\_\_\_