



# TERRY FYKE'S MAIN STREET PLAYERS

LOCATED AT P. KEN DENNIS THEATER OF THE NORMAN HOWARD SCHOOL

275 PINNACLE ROAD, ROCHESTER NY 14623

MAILING ADDRESS: PO BOX 1141, FAIRPORT, NY 14450

WWW.TFS4DANCE.COM | (585) 455-5050

## REGISTRATION & MEDICAL RELEASE FORM

Program(s): \_\_\_\_\_

Students Name: \_\_\_\_\_ Age/DOB \_\_\_\_\_

Parents Name(s): \_\_\_\_\_

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

Parent Phone: \_\_\_\_\_ Parent e-mail: \_\_\_\_\_

Sudent Phone: \_\_\_\_\_ Student e-mail: \_\_\_\_\_

Student t-shirt size: \_\_\_\_\_ Student dress/pant size: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Em. Contact Phone: \_\_\_\_\_

Health Insurance Co. and number \_\_\_\_\_

Known allergies and food or health restrictions or special needs: \_\_\_\_\_

Classes taking: (use back for more room): \_\_\_\_\_

I allow my child to participate in this program and hold harmless Terry Fyke's Main Street Players (TFSD & Arts LLC). In the event of an emergency and time is a factor, I authorize the Instructors to make a decision in the best interest of my child.

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_