

Mud Creek Players Barn R.A.T.S. Permission Slip

Barn R.A.T.S. Session 1 2 3 4 5

My child _____ has my permission to participate in Barn R.A.T.S.
I ___ do ___ do not authorize taking and using photos of my child for the purposes of marketing
the Barn R.A.T.S. program.

(Parent/Guardian Signature)

(Date Signed)

Information

Child's Full Name: _____ Nickname: _____

Address: _____
(Street) (City, State, Zip)

Age: _____ Date of Birth: _____ Male/Female: _____

Fall Grade: _____ School: _____

Parent/Guardian Information

Parent/Guardian 1 Name: _____

Cell #: _____ Email: _____

Parent/Guardian 2 Name: _____

Cell #: _____ Email: _____

Emergency Contact Name & Number: _____

Person Authorized to Pick up Child

(Identification will be required for persons unknown to Barn R.A.T.S. Staff)

Special Needs

(Allergies, Dietary Restrictions, Medical Conditions, Fears, etc.)

Child's Expectations and/or Child's Special Strengths
