

**Kindergarten and Gr. 1 Registration: Lion King Jr. Pass in by Fri. Sept 21**

Please fill out this form and enclose it in an envelope with a check for \$125 made out to St. Rose of Lima School. Write **Lion King** on the envelope and have your child pass it in to his/her teacher.

**Gr. K and 1: Fee \$125** includes 4 tickets and dvd of the show for each family, and a cast T-shirt for each child

**Students in K and Gr. 1** will perform in the opening and closing *Circle of Life* and in the production number *Hakuna Matata*.

**Rehearsals at St. Rose of Lima School:** Tuesdays 2:15 to 3:30 Sept. 25, Oct. 9, Oct 23, Nov. 6  
Please pack a snack and drink.

**Dress Rehearsal at East Greenwich High School:** Saturday, Nov. 10<sup>th</sup> 9 am to noon

**Shows at East Greenwich High School:** Sat., Nov 10 at 7 pm (call time 5:30 pm) and  
Sunday, Nov 11 at 4 pm (call time 2:30 pm)

**Student's name:** \_\_\_\_\_ **Check one: K**\_\_\_\_; **Gr. 1** \_\_\_\_\_

**Check T-shirt size:** Youth S \_\_\_\_; YM \_\_\_\_; YL\_\_\_\_\_

**Emergency Contacts:**

Name 1: \_\_\_\_\_ Relationship to student \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Name 2: \_\_\_\_\_ Relationship to student \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

**People who may pick up your child.** License required for ID.

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**Please describe any medical issues we should know.**

**Photo/Video release:** A photographer may take photos or videos for the newspaper or for promotional purposes. The show will be videotaped and distributed to each participating family.

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

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**Liability Release/Emergency Treatment:** I certify that my child may tolerate all normal physical activity. I, the undersigned parent/guardian grant permission for my child to receive the necessary medical treatment in the event s/he sustains an injury or illness during my absence. I acknowledge and understand that participation in this activity presents the possibility that my child may sustain physical injury or illness. I hereby release Rhode Island Youth Theatre, its employees, officials, and agents from any liability connected to my child's participation in the program.

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