



Smiles and Frowns Playhouse

Emergency Contact Form

Name of Participant(s): _____

Primary Guardian's Information

Name: _____

Cell Phone #: _____

Physical Address: _____

E-mail Address: _____

Relationship to Child: _____

Secondary Guardian's Information

Name: _____

Cell Phone #: _____

Physical Address: _____

E-mail Address: _____

Relationship to Child: _____

If different from guardians, list person(s) with contact information who will **primarily** be responsible for transporting the actor to and from the theater.

Name	Phone Number

Person(s) **NOT** authorized to pick up or drop off your child (attach legal documents):

Emergency Contact Information if Parent/Guardian is Unavailable

Name	Relationship	Contact Number