

# RED ROOM Studio

## Student Registration Form

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Student Name: \_\_\_\_\_

Likes to be called: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Home and Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

MSP#: \_\_\_\_\_ Doctor: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ \* *rough guess*

Allergies and Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide contact information for all the parents and guardians that will be responsible for this student during rehearsals and performance.

Mothers/Guardian Name: \_\_\_\_\_

Home # \_\_\_\_\_ Cell# \_\_\_\_\_

Fathers/Guardian Name: \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Conflict of dates or things we should now about between September 18<sup>th</sup> and December 9th, 2007.

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Return Address:

Red Room Studio  
P.O Box 50012  
4B-1533 Estevan Rd  
Nanaimo, BC  
V9S 3Y3

Phone: 250.716.0503  
redroomstudio@shaw.ca