

Questions?  
Please call or email  
Sarah Piel  
409-770-5066 or  
spiel@thegrand.com



Return Registration form to:  
The Grand 1894 Opera House  
C/O Sarah Piel  
2020 Postoffice Street  
Galveston, Texas 77550  
FAX: 409-763-1068

2024 Office Use Only:  
Deposit  Balance Paid  Paid in full

**Note:** This form must be completed and signed by parent or guardian –PLEASE PRINT

<b>NAME (LAST)</b>	<b>(FIRST)</b>	<b>AGE</b>	<b>GENDER</b>
<b>EMAIL ADDRESS (PLEASE PRINT CLEARLY)</b>			
<b>STREET ADDRESS</b>			
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	
<b>PARENT OR GUARDIAN NAME</b>		<b>PRIMARY PHONE NUMBER</b>	
<b>PERSON OR PERSONS DROPPING OFF AND PICKING UP CHILD</b>			

**IN CASE OF AN EMERGENCY, NOTIFY**

<b>NAME</b>	<b>PHONE NUMBER</b>	<b>RELATIONSHIP</b>
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**PHOTO/VIDEO RELEASE**

I hereby grant The Grand 1894 Opera House permission to use my child’s likeness in any photograph or video for use in any and all of its publications, including website entries and submissions to any media sources, without payment or any other consideration. I understand and agree that these materials will become the property of The Grand 1894 Opera House and may or may not be shared with me.

I hereby irrevocably authorize The Grand 1894 Opera House to edit, alter, copy, exhibit, publish or distribute any photo for purposes of publicizing The Grand 1894 Opera House programs and achievements or for any other lawful purpose.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child’s likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of any photograph. I hereby hold harmless and release and forever discharge The Grand 1894 Opera House from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am over 21 years of age and am competent and have legal authorization to contract for my child. I have read this release before marking below and I fully understand the contents, meaning, and impact of this release.

**YES**    **NO**

**WALKING FIELD TRIP PERMISSION**

I give permission for \_\_\_\_\_ to attend all walking field trips during the camp or class sessions that he/she attends to nearby play ground. This child is in good health and is able to participate safely in these activities. I do not hold The Grand responsible for any accident or injury to this child. In the event of accident or emergency situation, I do hereby give my permission for The Grand, its agents or assigns, to seek and obtain any professional medical attention that might be required.

**EMERGENCY AND MEDICAL INFORMATION AND RELEASE**

**Please check Allergies/Other Info:**  
 Penicillin    Insect Bites    Hay Fever    Poison Ivy    Food (List Below)    Other (List Below)  
**Please list** foods or any other items that you know might cause an allergic reaction to your child

**\*\*\*IMPORTANT: We do not administer any medication.** If your child will be taking any medication during camp hours, you will need to make provisions to administer it to your child.

**CURRENT MEDICATIONS: Please list any medications your child is currently taking**

**Please list** any other medical information that might be crucial in dealing with an emergency situation, for example: recent surgery, asthma, heart stoke, ect.

**Parent /Guardian Medical Release**

I give permission for my child \_\_\_\_\_, to be given emergency medical or surgical management (including diagnostic studies and treatment) at an emergency room in the event the parent of guardian cannot be reached.

Parent/ Guardian Name Printed  
\_\_\_\_\_

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

**WALKING PERMISSION**

My child has permission to dismiss themselves after camp is over to walk home alone.

**YES**    **NO**