

**REGISTRATION FORM – OnStage Children’s Theatre Education Program - “Jingle Jury”**  
**Fall 2015: September 22 – December 13**

*OnStage Children’s Theatre Education Program is an after-school and summer program where participants ages 5-18 act, sing, dance, design, build, paint, and perform programs in productions designed to engage young creative minds and provide opportunities for the leadership . The student-based learning model allows participants to solve problems, brainstorm solutions, discuss, and debate during rehearsals with our talented team of OnStage instructors. For the Fall 2015 season, rehearsals will be held every Tuesday and Thursday from September 22 until the performances: December 11 at 7pm and December 13 at 2pm.*

My child, \_\_\_\_\_, who is \_\_\_ years old, has my permission to participate in the OnStage Children’s Theatre Education Program’s production of “Jingle Jury” during the Fall 2015 theatre arts program. I understand that this is a program that will require regular participation and good behavior.

**IMPORTANT CONTACT INFORMATION**

Telephone Number (between 3:00 and 5:30 p.m.): \_\_\_\_\_

Physical Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Email Address (one you check regularly): \_\_\_\_\_

Evening Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Space is limited.** Please submit your registration by September 22, 2015 (or bring on the first day of starting the program) Drop off at the Roxy Theatre or the BCJ Art Gallery. Or mail to:

Fire Mountain Arts Council, ATTN: OnStage  
PO Box 781  
Morton, WA 98356

**Cost is \$75 for the first participant, \$60 for a second participant, and \$50 for additional participants. You may also use this multi-child discount if you generously sponsor a scholarship as your “second or third child!” Please make checks payable to OnStage.**

**My child is in need of a sponsor’s scholarship to attend OnStage. I understand that volunteer service by a parent or guardian is a requirement of any scholarship awarded. Volunteer service is individually scheduled between the parent/guardian and Program Coordinators.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Contact Christi Hall 360-304-1729 or email: [OnStageMorton@gmail.com](mailto:OnStageMorton@gmail.com) if you have any questions.

**PLEASE USE A SEPARATE REGISTRATION FOR EACH CHILD.**  
**PLEASE COMPLETE THE MEDIA & EMERGENCY TREATMENT/LIABILITY RELEASE FOUND ON REVERSE.**

**Media & Emergency Treatment/Liability Release**

Each enrolled child must have a NEW FORM completed for each session to ensure that this important information is as up-to-date as possible.

**STUDENT NAME:** \_\_\_\_\_

**MEDICAL and CONTACT INFORMATION**

**Parent/Guardian:** \_\_\_\_\_ **Landline:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Landline:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Landline:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Please check any existing conditions that apply**

Allergies (please list): \_\_\_\_\_

\_\_\_\_\_

Diabetes                       Asthma                       Hyperventilation                       Cardiac                       Seizures

Other (please specify) \_\_\_\_\_

Please describe any special medical or behavioral concerns, allergies, or physical conditions that may affect your child's participation in Onstage about which you would like us to be aware: \_\_\_\_\_

\_\_\_\_\_

**RELEASE OF LIABILITY AND HOLD HARMLESS**

In the event of an accident or illness, I understand that every reasonable effort will be made to contact a parent/guardian immediately. However, if I am unavailable, I authorize the ONSTAGE staff to secure emergency medical care for my child as needed. Although I understand that ONSTAGE will make every reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in theatre arts, which may include physical injury or other consequences arising or resulting from the program. Being fully aware of these risks, I hereby consent to my child's participation in this program and agree to hold the Roxy Theatre and the ONSTAGE staff harmless in any event.

**PLEASE SIGN HERE:**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**MEDIA NOTICE:** I, being legal guardian of the program participant named above, do also understand that OnStage has permission to use his/her name, photograph, likeness, video or voice recording, for broadcast or publication in any and all media that has been FMAC and OnStage approved. I further understand that if I wish to withhold permission for these usages, I must submit a MEDIA ABSTENTION form available through the Roxy Theater. **INITIAL:** \_\_\_\_\_