**REGISTRATION FORM – OnStage Teen Theatre Education Program Fall 2014**

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is \_\_\_ years old, has my permission to participate in the OnStage Children’s Theatre Education 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 5:00 p.m.):

Physical Home Address: City:

Mailing Address: City:

Email Address (one you check regularly):

Evening Telephone: Cell Phone:

**Space is limited.** Please mail your registration by September 18, 2014 or drop off at the Roxy Theater or the Barbara Clevenger Johnson Art Gallery. Contact Fiona Thornton at: fionalouise42@gmail.com or (360) 388-6578 for more information or if you have any questions.

**Cost is $55.00 per participant payable to** ***OnStage.***

Mail to: Fire Mountain Arts Council

 PO Box 781

Morton, WA 98356

**❑ My child is in need of a scholarship to attend. 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 Coordinator.**

**Parent/Guardian Signature: Date:**

**Parent/Guardian Printed Name:**

**PLEASE USE A SEPARATE REGISTRATION FOR EACH PARTICIPANT.**

**PLEASE COMPLETE THE MEDIA & EMERGENCY TREATMENT/LIABILITY RELEASE FOUND ON REVERSE.**

**Media & Emergency Treatment/Liability Release**

Each enrolled student 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 Theater and the OnStage staff harmless in any event.

***PLEASE SIGN HERE:***

**Parent/Guardian Signature: Date:**

**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: \_\_\_\_\_\_**