

REGISTRATION FORM – OnStage Children’s Theatre Education Program Summer 2019
K.I.D.S Time To Play- The Actors Nightmare

My child, _____, who is ___ years old, has my permission to participate in the OnStage Children’s Theatre Education Program Summer 2019 camp of K.I.D.S Time To Play- The Actors Nightmare. I understand that this is a program that will require regular participation and good behavior, and acknowledgment of all guidelines in Information Packet. Camp is Monday thru Friday from 10AM to 4PM from July 1- July 12 (No rehearsal July 4th), with performances on July 12th at 7PM and July 13 at 2PM and 7PM.

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. Registration and fee is due by July 1st. Please contact OnStage Coordinator, Sarah Hartman at mortonroxyonstage@gmail.com or at 312-662-2471 for more information or if you have any questions.

Cost is \$100 per participant. \$85 for second sibling and \$75 per sibling 3 or more made payable to *OnStage*.

Mail to: Fire Mountain Arts Council -or- Give to: Sarah Hartman- Onstage Coordinator
PO Box 781
Morton, WA 98356

My child is in need of a 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 Coordinator.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

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, including food):

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 ON STAGE staff to secure emergency medical care for my child as needed. Although I understand that ON STAGE 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 ON STAGE 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 On Stage 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 On Stage 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:** _____.