

**REGISTRATION FORM – OnStage Children’s Theatre Education Program Summer 2020**  
**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 2020 camp of K.I.D.S Time To Play. I understand that this is a program that will require regular participation and good behavior, and acknowledgment of all guidelines in the Information Packet. Camp is Monday thru Friday from 10AM to 4PM from June 29-July 10th, with performances on July 10th at 7PM and July 11th 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 June 29th. Please contact OnStage Summer Coordinator, at onstagesummer@gmail.com 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: 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 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:** \_\_\_\_\_

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