



Maui OnStage Class Registration Form

Please be sure to complete both sides of this form! - Thank You!

NAME : _____ Birthdate: _____
(First) (Last)

ADDRESS: _____
(#, Street, City, State, Zip)

PARENTS' NAME(S): _____

Best Phone to use as contact: _____

EMAIL: _____

School: _____ Grade: _____

Registering For:

- ☐ DANCE FOR SINGERS (ages 16+) Saturdays (Jan13 – March 10) 10:00–11:00 \$170
☐ SINGING FOR DANCERS (ages 16+) Saturdays (Jan 13 – March 10) 11:00-noon \$170
*combine both Saturday classes above = \$300
☐ ADULT ACTING (ages 19+) Wednesdays (Jan 10 – March 14) 6:30-8:00 \$250
☐ BEGINNER TAP (ages 16+) Tuesdays (Jan 9 – March 13) 5:30-6:15 \$135
☐ TAP II (ages 16+) Tuesdays (Jan 9 – March 13) 6:15-7:00 \$135
* combine both Tuesday classes above = \$250

~~~ Multiple Class Discounts – please call for info ~~~

Total Due \$ \_\_\_\_\_

Please charge my MasterCard Visa Discover : \$ \_\_\_\_\_

# \_\_\_\_\_ Exp Date \_\_\_\_\_

☐ I will be sending a check \*\*\* Full payment must be received prior to the start of session.

I understand that classes are held at the Maui OFFStage studio, located at 811 Kolu Street, Wailuku.

I give Maui Community Theater (dba Maui OnStage) permission to use my image and recordings for promotion of this production. I give MCT permission to use my contact information for casting of current and future productions. In addition, I waive any liabilities that Maui OnStage, and its staff and volunteers, may have to me as a result of any injury to me during my audition, rehearsal process and or performances.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed from to: Maui OnStage 68 N. Market St Wailuku, HI 96793
Or e-mail to: info@mauionstage.com



# Maui OnStage Class Registration Form

OFFStage Studio: 811 Kolu St UNIT A Wailuku, HI  
**Medical Release Form - ADULT**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Emergency Contact Person (to be used if Parent cannot be contacted)**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

**Medical Information:**

Allergies \_\_\_\_\_

\_\_\_\_\_

Prescription Medication: \_\_\_\_\_

Other Health Issues MOS Staff should know about: \_\_\_\_\_

\_\_\_\_\_

Is the participant covered by family medical/hospital insurance (circle one) Yes No

If so, indicate carrier or plan name \_\_\_\_\_ Group# \_\_\_\_\_

Name of primary insured \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Social security number of policy holder OR insurance ID number \_\_\_\_\_

**Parent/Guardian Authorization:**

*I give permission to Maui OnStage staff to administer basic first aid to my child. I also give permission for MOS staff to seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the MOS staff to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by MOS staff to secure and administer treatment for my child.*

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Any restrictions: ( please be specific)