



OnSTAGE Youth Program Registration Form

Maui OnStage Teen Stage – Godspell

Please note that this is not a same time / same day schedule. It is understandable that cast members may have conflicts. Up to three conflicts are acceptable for registration. If a cast member is going to have more than 3 conflict: please contact Alexis (director) before registering.

January

Sat 27th 9:00 – noon Iao
Mon 29th 6:30 – 9:00 Studio

February

Thu, 1st 6:00 - 9:00 Studio
Sat, 3rd 9:00 - noon Studio
Mon, 5th 6:30 – 9:00 Studio
Thu, 8th 6:00 – 9:00 Studio
Sat, 10th 9:00 – noon Studio
Sun, 11th 4:00 – 8:00 Studio
Thu, 15th 6:00 – 9:00 Studio
Sat, 17th 9:00 – noon Studio
Mon, 19th 6:30 – 9:00 Studio
Thu, 22nd 6:00 – 9:00 Studio
Sat, 24th 9:00 – noon Studio
Mon, 26th 6:30 – 9:00 Studio

March

Sat, 3rd 9:00 – noon Studio
Sun, 4th 4:00 – 8:00 Studio
Thu, 8th 6:00 – 9:00 Studio
Sat, 10th 1:00 – 4:00 Iao
Tue, 13th 6:00 – 9:00 Iao
Thu, 15th 6:00 – 9:00 Iao
Sat, 17th 1:00 – 4:00 Iao
Tue, 20th 3:00 – 6:00 Iao
Wed, 21st 3:00 – 6:00 Iao
Sat, 24th 9:00 – noon Iao

Tech Week March 26, 27 & 28 3:30 – 7:00 at Iao

Dress Rehearsal: Thursday, March 29th Run show at 7:00

Performances:

Friday, March 30 and Saturday, March 31 at 7:00 / Sunday, April 1 at 3:00



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68 N Market Street Wailuku HI 808-244-8680

Production Medical Release Form - TEEN - Godspell

Student's Name _____ Date of Birth _____

Home Phone _____ Cell Phone _____

Mother's Name _____ Daytime Phone _____

Father's Name _____ Daytime 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 of Parent/Guardian _____

Printed Name _____ Date _____

Any restrictions: (please be specific)