

Winter Classes, 2018 ~ YOUTH



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:

- CREATIVE CRITTERS (ages 5-9) Saturdays (Jan 13 – March 10) 9:00-9:45 \$130
- MUSICAL THEATER (grades 3-8) Mondays (Jan 15 – March 12) 3:30-4:30 \$170
- BROADWAY ROCKS (grades 5-10) Mondays (Jan 15 – March 12) 4:30-6:00 \$230
- TEEN ACTING LAB: (grades 5-10) Wednesdays (Jan 10 – March 14) 4:00-5:30 \$250

** Sibling and 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.

Parent Signature: _____ Date: _____

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

OFFStage Studio: 811 Kolu St UNIT A Wailuku, HI



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Medical Release Form - YOUTH

Cast Member'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)