



OFFICIAL USE ONLY:	
PAYMENT	_____
WEEK	_____
PAYMENT DUE	_____
NOTE	_____

****REGISTRATION FORM - 2017**
(ONE Per Student)**

Student's Name _____ Age _____

Date of birth _____

(No children under 6 – No exceptions)

Parent/Guardian's
Name(s) _____

Mailing
Address _____

Home
Address _____

Home Phone _____ Mobile/Cell _____

Email _____

Daytime phone if different from above: _____

Please enroll my child in the following week(s):

___ Week 1 (July 3-7) ___ Week 2 (July 10-14) ___ Week 3 (July 17-21)

_____ Yes, I will pay the full amount in advance \$225 per week/per child

_____ I would like to apply for a scholarship and am submitting my non-refundable deposit of **\$75 per child, plus a scholarship application*** to hold my child's spot. (applications available at stagekids.org).

In addition to my registration, I'm also enclosing my tax deductible donation in the amount of _____ to support the StageKids! organization. (optional)

In return for a scholarship, we ask each parent to sign up for 1 or more volunteer positions. Volunteer list is online at our website: stagekids.org on the Register page with scholarship application.

T-shirt size for camp participant ~ Circle appropriate size

Youth S M L

Adult M L

Emergency info ~

Please list any medical conditions or allergies: _____

Two emergency contacts required (they must be available during camp hours 10-3)

Name: _____

Relationship to child: _____

Day time phone number: _____

Name: _____

Relationship to child: _____

Day time phone number: _____

Release and Agreement with Stage Kids Etc.:

1. I agree to release Stage Kids (which term shall include officers, contractors, volunteers, and employees of Stage Kids, as well as Stage Kids itself) and agree not to sue such persons for any claims that I may have arising from or in connection with any physical or property damages that occur from any cause whatsoever other than the actual negligence of such persons while participating in a Stage Kids sponsored program.

2. I hereby give my consent for Stage Kids Etc. to use any photographs taken in all forms and media for advertising and/or fund-raising purposes.

3. In case of an emergency, I grant permission to Stage Kids Etc. and it's representatives to take my child to appropriate medical facilities during weeks of participation.

Parent / Guardian

Signature _____ Date _____

*All checks can be made out to **Stage Kids Etc.**
Please mail application form and payment check to
STAGEKIDS
PO Box 447
Big Sur, CA 93920