



<u>OFFICIAL USE ONLY:</u>	
PAYMENT	_____
WEEK	_____
PAYMENT DUE	_____
NOTE	_____

**\*\*REGISTRATION FORM - 2018\*\*  
(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 9-13) \_\_\_ Week 2 (July 16-20) \_\_\_ Week 3 (July 23-27)

\_\_\_\_\_ Yes, I will pay the full amount in advance \$300 per week/per child\*

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

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](http://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