

BG OnStage Class Registration Form

Please complete all sections of this form.			
Stu	dent Information		
•	Student Name:		
•	Age:	-	
•	Class Registering For:		
•	Dates Student Cannot Attend (if known):		
— Par	ent/Guardian Contact Information		
•	Parent/Guardian Name(s):		
•	Phone Number:		
•	Email Address:		
•	Mailing Address:		
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Pan	ment Information		

Payment Information

Class fees can be paid by cash or check.

Checks must be made payable to SKYPAC and mailed to:

BG OnStage PO BOX 748 Bowling Green, KY 42102

Refund Policy:

- Cancellations made at least one week prior to the registration deadline will receive a refund minus a \$15 cancellation fee.
- No refunds will be issued for cancellations made after this date.

Classroom Policy

Please note: Parents are not allowed in the classroom but may remain on the premises during class times.

Parental Consent and Release

By signing below, I acknowledge and agree to the following:

- I give permission for my child to participate in BG OnStage classes.
- I understand that BG OnStage (BGOS) and SKYPAC staff will provide a safe and nurturing environment, but participation in any activity carries some risk.
- I hereby release BG OnStage and SKYPAC, including their staff and volunteers, from any liability in case of injury, accident, or other incident.

Photo Release

I grant permission for BG OnStage and SKYPAC to take and use photographs or video of my child for social
media, website, and/or promotional materials.
☐ Yes, I give permission ☐ No, I do not give permission

Medical Treatment Authorization

In the event of a medical emergency, I authorize the staff of BG OnStage and SKYPAC to provide or arrange for any necessary medical treatment for my child, including first aid and/or emergency care. I understand that every effort will be made to contact me, but if I cannot be reached, I authorize treatment as deemed appropriate.

Parent/Guardian Signature

Signature:	
Printed Name:	
Date:	