



## Group Voice Registration Form

**Dates: Tuesdays and Thursdays, Aug. 4 – Aug 27**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

[Guardian approved] Preferred Name: \_\_\_\_\_

Confirm the age group and session you are registering for:

Age 8-12, 5:00-6:30pm

Age 13-18, 6:30-8:00pm

LIST ANY PREVIOUS EXPERIENCE (Pertinent to this class):

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### Payment/Refund Information:

Class registration fees can be paid by cash or check (payable to *SKYPAC*). These can be mailed to **Attn: SKYPAC/Michelle Hale, PO Box 748, Bowling Green, KY 42102**, OR dropped off in person at SKYPAC.

I, \_\_\_\_\_ understand if I cancel my child's attendance **before July 21st** (2 weeks before the camp) SKYPAC will issue a full refund. For any cancellation made **on/from July 21st and before July 28th** a refund will be issued minus a \$15.00 cancellation fee. For any cancellation made **on/after July 28th**, **no refund will be given**.

TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_

PLEASE LIST ALL DATES YOU ARE NOT AVAILABLE TO ATTEND CLASS:

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*\*I understand that it is important to arrive and pick-up promptly; and that I will accompany my child in to SKYPAC \_\_\_\_\_ (Parent Initial)*

### Participant Information - GENERAL INFORMATION

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Rising grade: \_\_\_\_\_

*(PLEASE TURN OVER)*

Parent/Guardian #1: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

(Home/Work/Cell) Phone #1: \_\_\_\_\_

Phone #2: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

(Home/Work/Cell) Phone #1: \_\_\_\_\_

Phone #2: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

(Home/Work/Cell) Phone #1: \_\_\_\_\_

Phone #2: \_\_\_\_\_

PARTICIPANT MEDICAL INFORMATION PLEASE INDICATE BELOW IF YOUR CHILD HAS ANY SPECIAL NEEDS OR REQUIREMENTS OF WHICH THE STAFF SHOULD BE AWARE: (ALLERGIES, MEDICATIONS, SPECIAL ASSISTANCE, ETC.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW DID YOU HEAR ABOUT US? Check all that apply.

- WBKO/TV       SAM FM/Radio       Email       SKYPAC Website  
 A Friend Told Me About It       Other: \_\_\_\_\_

*(PLEASE TURN OVER)*

### CONSENT and RELEASE Forms

I DO HEREBY GRANT PERMISSION FOR \_\_\_\_\_ (NAME OF CHILD) TO PARTICIPATE IN PROGRAMMING OF SOUTHERN KENTUCKY PERFORMING ARTS CORPORATION (SKYPAC). I UNDERSTAND AND AGREE THAT NEITHER SKYPAC, THE STAFF OF SKYPAC, NOR THE OWNERS OF THE PREMISES FOR EACH AND ALL PROGRAMS AND FUNCTIONS SHALL BE HELD RESPONSIBLE OR LIABLE IN ANY INJURY OR OCCURRENCE REGARDING MY CHILD. I HEREBY RELEASE, HOLD HARMLESS AND FOREVER DISCHARGE THE ENTITIES LISTED IN THE PREVIOUS SENTENCE AND THEIR AGENTS FROM ANY AND ALL LIABILITY FOR ANY PERSONAL OR MEDICAL INJURY, CLAIMS INCURRED OR OCCURRENCE INCURRED WHILE OR ARISING AS A RESULT OF ATTENDING OR PARTICIPATING.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

IN CASE OF EMERGENCY, I GRANT MY PERMISSION FOR MY CHILD TO RECEIVE MEDICAL TREATMENT AS DEEMED APPROPRIATE BY THE STAFF OR AGENTS OF SKYPAC ACCORDING TO THEIR BEST JUDGEMENT DURING MY ABSENCE OR IF I AM UNABLE TO BE CONTACTED.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Photo Release Form

By signing below, I grant permission for SKYPAC to use photos from this program for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

(if under 18 yrs. old) Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

(if 18 yrs. or older) Participant Signature: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_