SKYPAC
SOUTHERN KENTUCKY
PERFORMING ARTS CENTER

Jr Theater Registration Form

Dates: Saturdays August 29th – September 26th

9:30am – 11:00am

Student Name: _____ Age: _____

[Guardian approved] Preferred Name: _____

LIST ANY PREVIOUS EXPERIENCE (Pertinent to this class):

_____

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 August 15th** (2 weeks before the camp) SKYPAC will issue a full refund. For any cancellation made **on/from August 15th and before August 22nd** a refund will be issued minus a $15.00 cancellation fee. For any cancellation made **on/after August 22nd, no refund will be given**.

TOTAL AMOUNT ENCLOSED: $_____

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

_____

**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.

o WBKO/TV o SAM FM/Radio o Email o SKYPAC Website
o A Friend Told Me About It o 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: _____