



STAGES Performing Arts Youth Academy  
SPRING BREAK CAMP 2011  
Registration Form

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

Parent(s)  
Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, State, Zip

Telephone-Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Optional)

My Child: May be picked up by \_\_\_\_\_  
(Please provide names of authorized individuals)

May \_\_\_\_\_  
(Please check one)

May not \_\_\_\_\_ transport themselves to and from class.

**Medical Consent And Release From Liability and Indemnifications:**

I, (as signed on the registration form) for myself and/or as parent/guardian of the named registered child, do hereby authorize STAGES Performing Arts Youth Academy to consent to emergency medical or dental examination, treatments, etc., to be administered to the same in the event of accident or sudden illness during STAGES Performing Arts Youth Academy programs. I hereby release and discharge STAGES Performing Arts Youth Academy; it's volunteer, officers, and agents from any and all claims for personal injuries. I also agree that pictures taken during program hours may be used for future promotional purposes. STAGES Performing Arts Youth Academy does not provide any medical insurance for any participant in any program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship \_\_\_\_\_

**Tuition: \$100.00**

Amount paid with registration: \_\_\_\_\_ Check #: \_\_\_\_\_

Make check payable to: STAGES Performing Arts Youth Academy  
Mail to: Donald Cleland, 7195 SE Westcott Ln, Hillsboro, OR 97123