

I'M A STAR CLASS

STAGES Performing Arts Youth Academy
Information and Consent Form



Actor's Name: _____

T-shirt Size: _____ Actor's Age: _____

Address: _____
Street City, State, Zip

Telephone-Home: _____ Email: _____

Emergency Contact: _____ Phone: _____

Nature/diagnosis of student's disability: _____

TRANSPORTATION INFO for our records only – STAGES does not organize student transportation

Independent TriMet Lift Carpool Other: _____

Please list email addresses for ALL people who need/want to be included in our group email. This list will be used to send information regarding any class changes and upcoming performances:

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Photo Waiver

I consent do not consent (circle one) to being photographed during this class and allowing these pictures used on the STAGES website.

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 student, 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 the I'm A Star Class. I hereby release and discharge STAGES Performing Arts Youth Academy, it's volunteer, officers, and agents from any and all claims for personal injuries.

Signature _____ Date _____

Relationship _____

OPTIONAL:

Please list any other information that might be useful in working with this actor (i.e. distinctive personality traits, nicknames, interests, behavior management strategies, identifying physical characteristics).
