



BG OnStage at SKyPAC Class Registration Form

Student Name: _____

THEATRE EXPERIENCE LEVEL

Beginner

(little to no experience)

Intermediate

(some experience)

Advanced

(a great deal of experience)

BRIEFLY LIST THEATRE TRAINING/EXPERIENCE (IF NONE, WHY ARE YOU INTERESTED?):

WHICH CLASS(ES) ARE YOU SIGNING UP FOR?

PAYMENT/REFUND INFORMATION

Class registration fees can be paid by cash or check (payable to ASK) and can be mailed or delivered with registration forms to the **BG OnStage, PO Box 748, Bowling Green, KY 42102**

I understand if a cancellation is made **at least one week prior to the registration deadline**, BG OnStage at SKyPAC will issue a refund **minus a \$15.00 cancellation fee. For any cancellation made after that date** (one week prior to registration deadline), **no refund will be given.**

TOTAL AMOUNT ENCLOSED: \$ _____

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

I UNDERSTAND THE ABOVE AND THAT IT IS IMPORTANT TO BE ON TIME FOR CLASS EACH DAY SINCE GOOD ATTENDANCE IS NEEDED TO PARTICIPATE IN BG ONSTAGE PROGRAMS _____ (Parent Signature)



Participant Information Form

GENERAL INFORMATION

Name: _____ Age: _____ Grade: _____

School: _____ Homeroom/English Teacher: _____

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

I am a Current BG OnStage Participant Other: _____

PARENTAL CONSENT AND RELEASE

I DO HEREBY GRANT PERMISSION FOR _____ (NAME OF CHILD) TO PARTICIPATE IN PROGRAMMING OF BG ONSTAGE AT SKYPAC (HEREAFTER KNOWN AS BGOS). I ALSO HEREBY GRANT PERMISSION FOR BGOS TO USE PHOTOS, VIDEOS AND/OR OTHER RECORDINGS OF MY CHILD FOR PUBLICITY, MARKETING AND/OR ARCHIVAL PURPOSES. I UNDERSTAND AND AGREE THAT NEITHER BGOS, THE STAFF OF BGOS, 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 BG ONSTAGE AT SKYPAC ACCORDING TO THEIR BEST JUDGEMENT DURING MY ABSENCE OR IF I AM UNABLE TO BE CONTACTED.

Signature Of Parent/Guardian: _____ Date: _____