2018 Stage Right Productions / Earl LeGette Elementary
production of

"Seussical, KIDS"

PAYMENT OF FEES IS AVAILABLE ONLINE AT WWW.STAGERIGHTPRODUCTIONS.NET.
SPACE IN THE PROGRAM IS LIMITED SO EARLY REGISTRATION IS ENCOURAGED.

To Register:

1. Please Complete Registration form either online, leave it in the office or bring it with you to the first rehearsal on October 22. (Extra registration forms will be available at first rehearsal).
2. Payment is due no later than the first day of rehearsal (10/22/18). Please either pay online with credit card or via Paypal (www.stagerightproductions.net), OR make checks payable to: Stage Right Productions (Registration fee= $125.00).
3. Please be aware no refunds will be given after the first class on 10/22/18.

Students Name:_____ Age: _____ Grade: _____

Home Phone #: _____ Cell Phone #:_____

Email Address: _____

Best way to contact Parents/Guardians: _____

Parent Name(s): _____

Contact Phone Number(s): _____

Who will pick up your child at the end of each class?_____

Phone Number:_____

Is there anything we should know about your student?

Are there any rehearsal conflicts?

Rehearsal Dates and Times:

October 22 – December 12	3:15 p.m. – 5:30 p.m. Mondays & Wednesdays
	2:15 p.m. – 4:30 p.m. Thursdays
Week of November 26th	12:15 p.m. – 2:30 p.m. Monday, Wednesday & Thursday

Performances:

School Shows – December 12 at 9:00 a.m. & 10:45 a.m.
Family & Friends Show – December 14 at 7:00 p.m. at Bella Vista High School

Costume:

Each cast member is expected to provide their own danceable shoes and 'base' costumes.

Base costume for girls include:	Nude or black leotard and nude or black tights.
Base costume for boys include:	Black pants and white button-up shirt.

Cast Member Emergency Information
(Please print neatly)

Cast Member Name _____ Date of Birth _____

Emergency Contact Name(s) _____

Address _____

Home Phone # _____ Cell Phone #_____

Email:_____

Any medical conditions?

☐ **Yes** ☐ **No** *(If Yes, please use back of paper to explain)*

Any food allergies?

☐ **Yes** ☐ **No** *(Please explain on back of this form)*

Any allergic reactions to medications?

☐ **Yes** ☐ **No** *(Please explain on back of this form)*

Cast Member's Height: _____ Cast Member's Weight: _____

To cast member, parent/primary medical insurer

Please carefully read and consider the following:
I understand that in the event of a medical emergency every attempt will be made to reach the parent responsible/emergency contact, based on the phone numbers listed above. In the event that the parent/insurer cannot be reached I give my permission for my child, _____ to receive medical treatment deemed necessary and appropriate by an emergency room physician. I understand that I am responsible for any medical bills that may be a result of this injury and, or treatment including fees incurred by ambulance, physician, labs, x-rays, etc.

Medical Insurance Carrier:

Policy/ID #:

_____ _____

Insurer's Signature Date