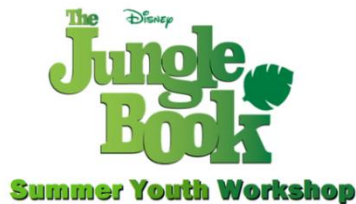


Stage Right Productions



## Stage Right Productions 2021 Musical Theatre Summer Workshop Registration Form

### To Register a Student

1. Complete this Registration Form, including Emergency Contact page.
2. Email in completed forms **with \$100 deposit**. Checks payable to: Stage Right Productions  
OR You can go online to <https://stagerightproductions.net/Workshop-Registration-Page/>  
and pay with *Visa, MasterCard or American Express*. **Total cost of camp is \$325 if registering and paying *on or before* April 15, and \$350 if registering *after* April 15.**  
Any remaining balance of tuition is due by the first day of camp on *Monday, June 14*.
3. Please be aware *no refunds* will be given after the first class on *Monday, June 14*.

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Best way to contact Parents/Guardians:      Phone      Text      Email

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

Other Contact Phone Number: \_\_\_\_\_

Who will be picking up your child at the end of each class?

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is there anything we should know about your student?

**Are there any dates your child will not be available for the workshop?**

(Workshop runs June 14 – July 1 (Monday-Thursday) from 4:00 PM to 7:00 PM with evening Tech Rehearsals July 6 & 7 and Performances July 8 - 11)

**Each family will be responsible for providing:**

- Base costume for their performer (Leotard and tights under base costume, black closed toe shoes for girls. Black pants, solid colored shirts, and black closed toed shoes for boys).
- Any Personal Protection Equipment (PPE) necessitated by state requirements (mask).
- Individualized water bottle for each rehearsal and performance.

**ADDITIONALLY:**

All cast families will be asked to donate one **3-hour** shift at our Fireworks Booth (June 28-July 4th) on Sunset and San Juan in Fair Oaks (in the *Raleys* parking lot). Must be 18 years or older to work in the booth. If a family is unable to donate their time they may hire one of our approved “financially challenged” college students for a fee of \$40.00 to cover this obligation.

This fundraiser is one of three yearly events at Stage Right Productions and is a key factor in keeping our program fiscally sound and sustainable from year to year.

**Emergency Contact Information**  
**Musical Theatre Summer Workshop**  
**June 14 – July 11, 2021**

(Please print neatly)

Workshop Member Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Emergency Contact Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email (please print clearly): \_\_\_\_\_

Cast Member's Height: \_\_\_\_\_ Cast Member's Weight: \_\_\_\_\_

Any medical conditions?

**Yes**      **No**      *(If Yes, please explain below)*

Any food allergies?

**Yes**      **No**      *(Please explain below)*

Any allergic reactions to medications?

**Yes**      **No**      *(Please explain below)*

**To cast member, parent/primary medical insurer**

Please carefully read and consider the following:

The undersigned hereby acknowledges that participation in the above named activity might result in physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of Stage Right Productions allowing my child ( \_\_\_\_\_ ) to participate in the above named activity for which or in connection with which Stage Right Productions has made available any equipment, facilities, grounds or personnel for such programs or activities, the undersigned does hereby release and forever discharge Stage Right Productions, its Board members, and its officers, agents and representatives of any and all claims, demands, rights and causes of action of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequence thereof, resulting from participation in or in any way connected with the above named activity.

In an emergency, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through participation in this activity. I authorize program staff to secure any licensed hospital, physician and/or medical personnel any treatment deemed necessary for the participant's immediate care.

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages, and losses of any type, which may occur to my child, and I hereby fully and forever release and discharge Stage Right Productions, its Board members, and its officers, agents and representatives from any and all claims, demands, damages, rights of action, present and future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my child's participation in this camp.

I have read the above carefully before signing. Further, I understand that this release and waiver of liability shall be effective for a period of time for the dates listed above.

Medical Insurance Carrier:

Policy/ID #:

\_\_\_\_\_  
Insurer's Signature

\_\_\_\_\_  
Date