

Registration Form: SUMMER TRAINING GROUND



Name of Participant: _____

Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

School: _____ Grade: _____ Age: _____

Circle which session(s) you want to attend:

SESSION 1: June 20-July 1, Monday thru Friday

AM Session--Musical Theatre Scene Study (int/adv. teens) **\$200**

PM Session--Jim Kirkwood Acting Intensive with Andrew Bray (int/adv. teens) **\$200**

SESSION 2: July 11-15 (one week, Monday thru Friday)

AM Session--Musical Theatre Intensive for ages 8-11 **\$100**

PM Session--Sondheim Storytime Theatre Camp for ages 6-8 **\$100**

SESSION 3: August 1-12, Monday thru Friday

AM Session--Audition Technique (beg, int, adv teens) **\$200**

PM Session--Monologue Study (int, adv students of all ages) **\$200**

SESSION 4: August 15-26, Monday thru Friday

AM Session--Musical Theatre Workshop--Jason Robert Brown's "13" (ages 11-15) **\$200**

PM Session--Shakespeare Plunge (ages 10-18) **\$200**

A \$100 deposit is required to secure your spot in each session.

TOTAL ENCLOSED: _____

Please make checks payable to STAGED!

Mail completed Registration Form to:

Staged!
1002 15th St.
Oregon City, OR 97045

www.stagedpdx.org

STAGED! Summer Training Ground RELEASE FORM:

PLEASE READ AND COMPLETE THE FOLLOWING FORM. THIS FORM MUST BE PRESENTED AT THE OFFICIAL REGISTRATION FOR THE EVENT BEING ATTENDED.

Name of Student: _____ Age: _____

Parent/Emergency Contact: _____

Parent/Emergency Contact #: _____ Relationship: _____

I. Medical Information

Known allergies to foods, drugs, insect stings or bites, etc:

Special medical concerns or conditions that event supervisors should know about, including contagious illnesses, epilepsy, asthma, diabetes, previous injuries to bones/joints, etc.:

List special dietary needs:

Medications currently being taken (name of medication, dose, and frequency):

Family Physician: Name _____ Phone # (____) _____

Informed Consent

In the event that a participant needs minor medical care from Staged! or more significant medical care from a qualified health care provider, including in rare cases possible hospitalization and/or surgery, the parent/guardian is asked to sign the informed consent form below. In case of serious medical condition, Staged! will make every effort to notify the parents, but the first priority may be providing care to the participant.

Authorization to Consent to Health Care for Minor

I, _____, of _____
County, am the parent or guardian of _____, a minor child, age _____, born _____. I authorize any adult(s) acting as agents (including official volunteers) or employees of STAGED! and in whose care the minor child has been entrusted, to do any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures.

Parent Signature: _____ Date _____