

THEATRE THEATRE MAUI

P O Box 12318, Lahaina, HI 96761 (Office) 661-1168 (Cellular) 808-419-1753
505 Front Street, Suite 220B, Lahaina, HI 96761 (Please call if submitting application in person)

Summer 2015 Registration Form

Please Print:

Student Name: _____ Male / Female Age: ___ DOB: __/__/__

If applicable: Student cell-phone: _____ Student e-mail: _____

Incoming Grade Level (2015-2016): ___ School attending 2015-2016 year: _____

T-SHIRT SIZE (circle one): Adult XL Adult LG Adult Med Adult SM Child LG Child Med Child SM

List any special talents (i.e., juggling, playing musical instruments, etc) & performing arts experience [use back pg if needed]

How did you hear about Theatre Theatre Maui's summer program? _____

Contact Info:

PRIMARY: Name: _____ Relation (Parent, Grandparent, or...) _____

Phone: Cell: _____ Home: _____ Work Place and Ph: _____

Preferred Call times: _____ Email address: _____

Mailing Address: _____

ADDITIONAL: Name: _____ Relation (Parent, Grandparent, or...) _____

Phone: Cell: _____ Home: _____ Work Place and Ph: _____

Preferred Call times: _____ Email address: _____

Mailing Address: _____

PARENT/GUARDIAN AUTHORIZATION AND RELEASES:

Student participation:

By signing below, I agree to have my child participate in this camp. I understand good behavior & regular on-time attendance is vital and we agree to abide by the class rules. I understand that TTM has full discretionary authority to remove a student from this program if their attendance, or behavior issues arise. I will make every effort to ensure my child attends each class during the 6 weeks and **we will call in ANY ABSENCE to the designated TTM person, well in advance.** Unless informed otherwise, my child is able to be released without supervision and in any case, is to leave camp promptly and is not the responsibility of TTM.

In Case of Emergency: I authorize TTM or any of its instructors to obtain necessary emergency treatment from the physician or medical group listed below, or if none is indicated, to obtain whatever medical treatment is deemed necessary at my cost.

Alternate Emergency Contact: _____ Relationship: _____ Phone: _____

Family Physician: Dr. _____ Facility: _____ Phone: _____

Medical info: List any medical issues, allergies, special needs, etc: _____

I waive and release TTM, its staff or volunteers from any and all claims for liability sustained by me or the student while participating in any TTM activity excluding damages due to gross negligence or lack of due care on the part of TTM.

Media & Informational release:

I give TTM permission to use and publish for the purposes of advertising, public relations, Social Media, or other lawful use including but not limited to photographs, video or audio of my child as a result of participation in TTM's programs. Such remain property of TTM and without compensation to me. I also give TTM the right to utilize information I provide in any of its evaluation reports.

Ethnicity: Please MARK ONLY ONE: This information is necessary only for statistical reports (names will not be used)

___Caucasian ___Hawaiian/Part Hawaiian ___Pacific Islander (Samoan, Tongan) ___Asian (Chinese, Japanese, Filipino)
___African Amer. ___Alaskan/Native Amer. Indian ___Hispanic (Mexican, Puerto Rican) ___Other (specify): _____

I understand this constitutes an agreement between TTM and the undersigned and agree to the conditions outlined.

Parent signature: _____ **Print Name :** _____

Payment Method: (select one) ___ \$375: **Early Bird Discount (cash and check only) paid by 05/15/2015**

[NO REFUNDS] ___ \$390: **Regular Payment (credit card, cash, or check)**

___ \$390: **Installment Payment \$200 at registration and \$190 by 06/05/2015**

Note: Financial aid applicants are to pay their co-payment (a minimum of \$195) when submitting their completed application for review

If paying by Credit Card, please complete: I hereby authorize a charge of \$390 per child to my credit card: VISA ___ MasterCard ___

Cardholder Name: (Print) _____ **Card No:** _____ **Exp:** ___/___

Signature of Cardholder: _____ **Cardholder Billing Address:** _____