



## BG OnStage 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?):

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### WHICH CLASS(ES) ARE YOU SIGNING UP FOR?

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### PAYMENT INFORMATION

Fees can be paid by cash or check (payable to AETF, Inc.) and can be mailed or delivered with registration forms to **701 Chestnut Street, Bowling Green, KY 42101**. Fees are non-refundable.

**TOTAL AMOUNT ENCLOSED: \$** \_\_\_\_\_

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

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I UNDERSTAND 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.

- TV  Radio  BG OnStage Email  BG OnStage 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 (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 ACCORDING TO THEIR BEST JUDGEMENT DURING MY ABSENCE OR IF I AM UNABLE TO BE CONTACTED.

Signature Of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_