

StageTime Theatre School Registration
Summer Session 2025
Boxes and Hats “A Week of Discovery”

Classes: Mon, July 7 - 12, 2025

9am – 2pm

Bring a sack lunch each day

Name _____

Age _____ Grade _____ School _____

Physical Address _____

Mailing Address _____

City _____ State _____ Zip _____

Phone number work _____ Home _____

Parent/Guardian _____

Parent email _____

Actor email _____

Anything else we should know?

Each actor will need the following completed forms and pay tuition:

1. Registration
2. Conflict sheet
3. Medical release *
4. Photo and Liability release *
5. Black and white head shot *
6. Updated resume
7. Pay \$65 tuition per student payable to PACA or Chewelah Center for the Arts

*For Summer Theatre School only you may update and initial medical, photo and liability releases from 2024-25 StageTime Theatre school. You may also use a 2024-25 head shot. Fall session will require new forms and photo's.

Conflict Sheet
Boxes and Hats "A Week of Discovery"

Name _____

Address _____

Phone Number _____

Please list any and all conflicts you might have that will prevent you attending class 9am to 2pm on July 7-12, 2025

Monday

Tuesday

Wednesday

Thursday

Friday

Show date is Sat July 12 at the park during the Art's Guild's Children's Festival. We will be doing 2 performances that day.

Any other conflicts I should know about? Please, no surprises!

Questions? Call Janet Bresnahan 509-995-7285

MEDICAL RELEASE FORM

Actor Name: _____ Birthdate: _____

Home Address: _____

(Number and Street)

(City)

(State)

(Zip Code)

Cell #: _____ Email: _____

If under 18 years of age, please fill out the following information for Parent/Guardian(s).

(1) Parent/Guardian Name: _____ Relationship: _____

Address: _____

(Number and Street)

(City)

(State)

(Zip Code)

Home Telephone #: _____ Cell #: _____

Work Telephone #: _____ Email: _____

(2) Parent/Guardian Name: _____ Relationship: _____

Address: _____

(Number and Street)

(City)

(State)

(Zip Code)

Home Telephone #: _____ Cell #: _____

Work Telephone #: _____ Email: _____

Please fill out the following regardless of age.

Insurance Provider: _____ Insurance Policy #: _____

Doctor Name: _____ Phone #: _____

Emergency Contact Name: _____ Phone #: _____

Special Medical Conditions: _____

Please check ONE of the boxes below and sign the corresponding signature line.

(Cast member age 18 and above)

In the event you are injured or an emergency occurs, StageTime will make every effort to reach your emergency contact. If possible, StageTime will call your designated doctor. However, if deemed necessary because of the nature of the injury or emergency, StageTime will obtain treatment from the nearest hospital.

Actor Signature: _____ Date: _____

(Cast member under the age of 18)

In the event your child is injured or an emergency occurs, StageTime will make every effort to reach you. If you cannot be reached, StageTime will try to reach your child's emergency contact. If possible, StageTime will call your child's designated doctor. However, if deemed necessary because of the nature of the injury or emergency, StageTime will obtain treatment from the nearest hospital.

Parent/Guardian Signature: _____ Date: _____

RELEASE OF LIABILITY AND PHOTO RELEASE FORM

Actor Name: _____

Release of Liability

StageTime Theatre School does its utmost to ensure the health and safety of its participants. Parent/Guardians of minor children participating in StageTime productions are advised to be mindful of the fact that performance in, and rehearsing for, live theatre has the potential for a risk of danger. These include, but are not limited to, use of costumes, use of stage props, use of sets, use of stage special effects, etc.

The undersigned agrees to indemnify and hold StageTime Theatre School and its agents, producers, employees, and volunteers harmless from any and all liability claims, actions, judgements, and/or injuries of any kind and nature whatsoever to _____ and/or their property arising from that person's participation in the activity herein.

Parent/Guardian Signature: _____ Date: _____

Actor Signature: _____ Date: _____

Photo Release

Please fill in ONE of the following statements and sign the corresponding signature line(s).

Cast member age 18 or above:

I, _____, authorize StageTime and all of its agents, contractors, employees, and volunteers to use, at their discretion, my name and likeness in any median including, but not limited to, video, photographs, drawings, etc in the purposes of advertising StageTime and/or this production without notice or compensation to me now and in the future.

Actor Signature: _____ Date: _____

Cast member under the age of 18:

I, _____ (parent/guardian), authorize StageTime and all of its agents, contractors, employees, and volunteers to use, at their discretion, my child _____'s name and likeness in any median including, but not limited to, video, photographs, drawings, etc in the purposes of advertising StageTime and/or this production without notice or compensation to me now and in the future.

Parent/Guardian Signature: _____ Date: _____

Actor Signature: _____ Date: _____
