



For Office Use Only

Check#: _____ Date: _____
 Amount: _____ Initials: _____

**FALL 2011
 WORKSHOP REGISTRATION FORM**

- | | | |
|--|--|--|
| <input type="checkbox"/> Introduction to Lighting Design (\$25)
Grades 7-12
September 24, 10am-12pm | <input type="checkbox"/> Auditioning and The Rehearsal Process (\$25)
Grades 4-12
November 6, 2:30-4:30pm | <input type="checkbox"/> Dance Ensemble (\$25)
Grades 7-12
December 13, 6-8pm |
| <input type="checkbox"/> Technical Theatre Equipment (\$25)
Grades 7-12
October 6, 6-8pm AT APPLIED AUDIO | <input type="checkbox"/> Dance Auditions – Don't Panic!! (\$25)
Grades 7-12
November 8, 6-8pm | <input type="checkbox"/> Beginning Acting (\$25)
Grades 4-9
December 17, 9:30-11:30am |
| <input type="checkbox"/> Theatrical Truths for Teens (2 sessions)
Grades 8-12
October 6, 4-6pm Part I (\$25)
October 27, 4-6pm Part II (\$40 for both) | <input type="checkbox"/> Improv! (\$25)
Grades 7-12
November 13, 2:30-4:30pm | |

Name: _____ Home#: _____ Cell#: _____
 Address: _____ City: _____ Zip: _____
 Email: _____ Age: _____ Grade: _____ Male/Female
 Parents (if under 18): _____ Parents Cell#: _____
 Parents email: _____

Does participant have any medical conditions or any special needs that we should be aware of (please specify)?

Any known allergies (food or others)? _____

Any health restrictions (please specify)? _____

SCHOOL: _____ **THEATRE TEACHER:** _____

PREVIOUS THEATRE/MUSIC/DESIGN EXPERIENCE (may write on back or attach resume):

ADDITIONAL SKILLS (i.e. tricks, gymnastics, dance): _____

How did you learn about Stages' Workshops? _____

QUESTIONS: Contact Jena Overbeck at jena@mjtstages.com or call 585-935-7173 and leave a message.

Advertising and Promotional Release: *Please read and sign below.*

I, _____, hereby consent to the reproduction and/or use of photographs, video tapes and film or audio recordings of myself (or my child/charge) for advertising and promotional purposes by A Magical Journey Thru Stages.

Parent/Guardian Signature: _____ Date: _____

Authorization of Emergency Consent to Medical Treatment *Please read and sign below.*

*I (We), the undersigned, do hereby authorize representatives of A Magical Journey Thru Stages (Stages) to serve as agents for the undersigned to consent to any X-ray exam, anesthetic, medical or surgical diagnosis or treatment and hospital care which his deemed advisable by and is to be rendered under the general or specific supervision of any physician or surgeon licensed and on the medical staff of any hospital licensed by the state of New York whether such diagnosis or treatment is rendered at the office of said physician or at said hospital or some other site. **This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.**

*I (We) also understand and agree that Stages and its representatives will not be held responsible for injuries which occur to self/child/charge while attending or participating in any Stages function. This authorization shall remain valid for the duration of the participant's current registration with Stages.

*For the safety of my child/charge/myself as well as others, I have disclosed any and all medical information regarding the performer.

Parent/Guardian Signature: _____ Date: _____

Insurance Company: _____

Policy Holder's Name: _____ Policy#: _____

Please return completed forms and tuition (payable to "Stages") to:

A Magical Journey Thru Stages, Auditorium Center, 3rd Floor, 875 East Main Street, Rochester NY 14605