



2018 FALL CAMP PARTICIPANT INFORMATION FORM

PERSONAL INFORMATION				
Name:			Nickname (if any):	
Age:	Grade (as of Fall 2018):	Gender: <input type="checkbox"/> Female / <input type="checkbox"/> Male	Height: ft. in.	Hair Color:
Mailing Address:		City:	Zip:	
Home Phone:	Parent/Guardian Name:	Parent Cell Number:	Parent Email Address:	
In case of emergency please call (Name and Phone Numbers:)				
Please circle your t-shirt size: Youth S Youth M Youth L Adult S Adult M Adult L Adult XL				
Please list your pant size:				
Please list any medical conditions:				

PERFORMANCE INFORMATION		
Please indicate the types of roles that interest you (check all that apply): <input type="checkbox"/> Singing <input type="checkbox"/> Dancing <input type="checkbox"/> Acting		
Please list the roles in this production that interest you (if known): _____		
Please circle your voice type (if known): Soprano Alto Tenor Baritone	Do you have dance experience: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Type: Years:	Please list any previous performance experience on back OR attach resume.
What are you hoping to gain from this experience?		
Photo Release I hereby grant ManeStage Theatre permission to photograph, film, tape or record my child/student during the 2018 Fall Theatre Camp. I understand that ManeStage Theatre may choose to photograph, film, tape or record the above named participant for publicity, advertising, applications to grant funding organizations, or for archival purposes. By signing this release, I give full permission and agree to waive all copyright and future considerations.		
Parent or Guardian Signature _____		Date _____

I hereby fully release and discharge the ManeStage Theatre, its assigns and successors, from all rights, claims and actions which the minor or his or her successors may have against ManeStage Theatre arising out of the minor’s participation.

PARENT/LEGAL GUARDIAN SIGNATURE: _____ Date: _____

PARENT/LEGAL GUARDIAN PRINT NAME: _____

Please list any dates your child/student will not be able to attend:

Payment Information: (Please Circle)

CHECK OR CREDIT CARD

Name on Card _____ Card Number _____

Expiration Date _____ Signature _____

- For questions please contact us at (253) 447-7645 or via email at camps@manestagetheatre.com
- Please note that due to demand and limited enrollment, no refunds will be granted after registration is complete.

Please submit this form with payment info via email (camps@manestagetheatre.com) or mail form if paying with a check to:
ManeStage Theatre Company
116 West Main, Puyallup WA 98371