



Rehearsals - 3:30PM to 6:00PM:

- March 23
- March 24
- March 30
- April 2
- April 8
- April 9
- April 13
- April 16
- April 20
- April 23
- April 27
- April 30

Tech Rehearsals - 3:30PM to 7:30PM:

- May 4
- May 5
- May 6
- May 7

Performances:

- May 8 at 7:30PM
- May 9 at 10AM & 7:30PM
- May 16 at 10AM & 1PM
- May 17 at 11AM

Participant Information:

<hr/> Student First Name	<hr/> Student Last Name
<hr/> Home Address 1	<hr/> Student Date of Birth
<hr/> Home Address 2	<hr/> Student Phone
<hr/> City, State, Zip	<hr/> Student Email

Parent/Guardian Information:

_____ Parent/Guardian 1	_____ Parent/Guardian 2
_____ Parent/Guardian 1 Phone	_____ Parent/Guardian 2 Phone
_____ Parent/Guardian 1 Email	_____ Parent/Guardian 2 Email

Medical Information:

Does this Camper have any medical conditions/restrictions of which our staff should be aware (e.g. Asthma, Allergies, Behavioral Conditions, Pacemaker, Prosthetic Limb, etc.)?

Does this Camper need to take any medications during the day? Please include conditional medications, such as inhalers and EpiPens.

Emergency Contact Information:

_____ Emergency Contact Name
_____ Relationship to Student
_____ Emergency Contact Phone

PLEASE READ THE FOLLOWING POLICIES FOR OUR UPCOMING CLASSES. BY SUBMITTING/SIGNING THIS REGISTRATION FORM YOU AGREE WITH POLICIES WE HAVE SET FOR OUR CLASSES AT RPAC.

RELEASE: When submitting this, you acknowledge and agree that RPAC may choose to photograph, film, tape or record the above-named participant for publicity or documentation. By submitting this agreement you give full permission and waive all copyright and future considerations. You also acknowledge and agree that RPAC may post promotional material on Facebook or other social media sites.

CONFLICTS: Tuition will not be prorated for missed classes.

FINANCIAL ARRANGEMENTS: Please note that we consider financial situations on a case by case basis. We ask that you make every attempt to pay full tuition on or before the first class. If this is not possible, we will ask that you contact RPAC (prior to the start of the session) to work out a mutually agreeable payment plan.

By submitting this registration electronically, and/or my signature, I acknowledge that I have read, understand, and agree to the policies and procedures of RPAC Education Staff for this Youth Mainstage Program.

Parent/Guardian Signature

Date

Credit Card #:		
Cardholder Name:		
Zip Code:	Exp:	CVV:

\$100 nonrefundable deposit due with registration. Program balance and paperwork due before first rehearsal.

Credit Card payments are welcome. Please make checks payable to: Rochester Performance & Arts Center (RPAC).

**Parent/Guardian volunteers will receive one (1) complimentary ticket to a performance. Additional tickets for performances are available through <http://www.rochesteroperahouse.com/rpac.html>

**RPAC Off-Site Transportation/Activity
Permission Form**

Throughout the year, campers/students may have the opportunity to have structured class time and lunch/snack at off-site locations. This may include public parks, or the space of some of our community partners (The Governor's Inn, The Garage, etc.). This permission form authorizes RPAC staff to take your child off campus. All locations are within walking distance to RPAC, and a first aid kit, any needed medication, and communication devices will be present on these excursions.

Student Information:

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Parent/Guardian Information:

Full Name:	
Signature:	
Date:	

I acknowledge that participation in this Activity is not required by RPAC, or any teacher or employee of RPAC, and is voluntary. I understand that in determining that participation in this Activity has educational value, I authorize my child to walk to these off-site locations. I hereby waive, release and discharge RPAC from any and all claims for damages or personal injury, death, or property damage which my child may have, or which may hereafter occur as a result of my child's participation in the Activity. It is understood that Activity may involve a risk of danger or accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

My signature on this form shall constitute an informed and knowing waiver as required by law. I acknowledge that I have carefully read this agreement, waiver, and release and fully understand its contents, and have provided emergency information upon my child's registration to the program. I am aware that this release of liability is a contract between myself and RPAC. My signature also authorizes my student(s) to participate in this voluntary group educational activity.