



Aloha Performing Arts Company

P.O. Box 794 Kealahou, HI 96750 (808)322-9924
www.apachawaii.org

2016-2017 Season Registration Form

Participant's Last Name		First Name	Middle
Birth Date	Occupation/School & Grade	Gender	Email
Home Phone	Cell Phone	Work Phone	
Mailing Address			
Physical Address			
Emergency Contact: Name/Relationship		Emergency Contact Phone(s)	
Name of Physician		Physician's Phone	
Health Insurance Policy		Allergies & Medications	
Participant's special needs or conditions			

Indemnity Agreement

I understand that reasonable care will be taken to insure my safety. However, in the event of an accident or injury, I hereby release and hold harmless APAC, its employees, contractors and agents of and from any and all liability for such occurrence. I understand that APAC has no insurance which will cover me if I am injured and will not pay for any medical treatment necessitated by my being injured as a result of my participation in the APAC event. I hereby agree to be personally and solely liable and responsible for any and all damages of any kind resulting therefrom. I hereby authorize APAC and its representatives to arrange for emergency medical treatment should it become necessary.

Date: _____ Participant/Guardian Signature: _____

Participant Under 18

I confirm that all details are correct on above registration form to the best of my knowledge and I am able to give parental consent for my child to participate in and travel to all activities.

Guardian Signature: _____

Print Guardian's Last Name	First Name	Cell Phone	Email
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APAC is a volunteer organization and needs your help. How can you help us?

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|----------------|----------------|-------------|--------------------|
| Set Build | Props | Lights | Sound |
| Costume | Hair/Makeup | Concessions | Stage Crew |
| Box Office | Usher | Producer | Assistant Director |
| General Office | Event Planning | Donation | Other: |