



# ALOHA THEATRE

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

## 2018-2019 Season Registration Form

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Participant's Last Name	First Name	Middle
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Birth Date	Occupation/School & Grade	Gender	Email
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Home Phone	Cell Phone	Work Phone
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Mailing Address

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Physical Address

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Emergency Contact: Name/Relationship	Emergency Contact Phone(s)
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Name of Physician	Physician's Phone
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Health Insurance Policy	Allergies & Medications
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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: \_\_\_\_\_

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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?**

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