



# Aloha Performing Arts Company

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

www.apachawaii.org

## Registration Form

Participant's Last Name First Name Middle

Age Birth Date Occupation/School & Grade M/F 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 & travel to all activities.

Participant/Guardian Signature: \_\_\_\_\_

Guardian's Last Name First Name Best Contact Phone Email

### **APAC is a volunteer organization and needs your help. How can you help us?**

- Stage Crew  Box Office  Costume  Hair/Makeup  Lights
- Props  Sound  Usher  Other
- General Office  Construction  Party Organizer  \$50