



Last, First:

Fall Break Camps - Oct. 4-8

Circle One: **Dance Camp** (ages 6-10) or **Drama Camp** (ages 5-9)

Currently registered? Fill in green fields only			
Student 1	Student 2	\$175 per student	<input type="text"/>
Last: <input type="text"/>	Last: <input type="text"/>	Registration Fee	<input type="text" value="waived"/>
First: <input type="text"/>	First: <input type="text"/>	Credits	<input type="text" value="-\$"/>
Age: <input type="text"/>	Age: <input type="text"/>	Tax Deductible Contribution	<input type="text" value="\$"/>
Grade: <input type="text"/>	Grade: <input type="text"/>	TOTAL CHARGES	<input type="text" value="\$"/>
DOB: <input type="text"/>	DOB: <input type="text"/>	Payment Type: Cash Check Credit	<input type="text"/>
<input type="checkbox"/> F	<input type="checkbox"/> F		
<input type="checkbox"/> M	<input type="checkbox"/> M		

Addresses for all correspondence from MAPA	Credit Information:
Address: <input type="text"/>	Name on card: <input type="text"/>
City: <input type="text"/>	Card number: <input type="text"/>
State: <input type="text"/> Zip: <input type="text"/>	Exp Date: <input type="text"/> CVCCode: <input type="text"/>
Email: <input type="text"/>	Billing Address: <input type="text"/>
<small>We do not share our email list with other organizations.</small>	City: <input type="text"/> Zip Code: <input type="text"/>

Primary Contact	Other Contact (optional)
<input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse	<input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse
Last: <input type="text"/>	Last: <input type="text"/>
First: <input type="text"/>	First: <input type="text"/>
Place of Work: <input type="text"/>	Place of Work: <input type="text"/>
Home phone: <input type="text"/>	Home phone: <input type="text"/>
Work phone: <input type="text"/>	Work phone: <input type="text"/>
Cell phone: <input type="text"/>	Cell phone: <input type="text"/>

Emergency Contact (other than parents)	Doctor name:
Last: <input type="text"/>	<input type="text"/>
First: <input type="text"/>	Facility: <input type="text"/>
Relationship: <input type="text"/>	Phone: <input type="text"/>
Phone: <input type="text"/>	Special needs: <input type="text"/>

County, State, and Federal grant reports often ask us the geographic and ethnic make-up of clients served. Please help us with our reporting by marking the ethnic heritage below that you most identify with as well as your physical address. Names are NOT used. Mahalo for your kokua.

<input type="checkbox"/> Afro-American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Central Maui	<input type="checkbox"/> Upcountry
<input type="checkbox"/> Asian (Japanese, Filipino, Chinese, Korean, etc.)	<input type="checkbox"/> Pacific Islander (Tongan, Samoan, Fijian, etc.)	<input type="checkbox"/> East Maui	<input type="checkbox"/> West Maui
<input type="checkbox"/> Aleutian/Native American Indian	<input type="checkbox"/> Hispanic (Puerto Rican, Mexican, etc.)	<input type="checkbox"/> South Maui	
<input type="checkbox"/> Hawaiian/ Part Hawaiian	<input type="checkbox"/> Other		

I hereby authorize the Maui Academy of Performing Arts (MAPA), its employees, teachers, and authorized volunteers to refer the above registered student(s), to the named physician and/or medical group when the designated emergency contact cannot be reached. If no family physician is designated, MAPA, its employees, teachers, and authorized volunteers will select a physician when deemed necessary. I understand that I am voluntarily executing this waiver and that it shall relieve MAPA, its employees, teachers and all authorized volunteers from all liability for damages, including but not limited to bodily injuries and property damage. This waiver excludes damages resulting from gross negligence or lack of due care on the part of the said entities for injuries to myself or my child.

This form is an agreement between MAPA and the undersigned. Payment is due in full upon registering. Cancellations made less than seven days before camp begins are subject to a \$25 fee. No refunds will be issued after camp begins. A \$35 fee will be assessed for all returned checks. If an injury necessitates missing camp, pro rated tuition may be credited for one subsequent semester upon submission of a physician's note.

Using MAPA's discipline policy, teachers and staff have the discretionary authority to remove a student from the program if a disciplinary issue is not resolved.

I hereby give permission to MAPA to use any photos taken of the student(s) being registered with this form, in promotional material including, but not limited to, brochures, publications or advertising. I understand there will be no monetary compensation for the publication of these photos and that these photos are the property of MAPA.

I have read and agree to comply with the conditions stated above and with MAPA's expanded policies as stated on our website at www.mauiacademy.org/academydetails.asp.

Signature of Student OR Parent/Guardian if student is under 18 Date