

**Maui Academy of Performing Arts ~ MAPA**

81 N. Church St., Wailuku HI 96793 | p: 244-8760 | f: 244-6530

friendsofmapa@mauiacademy.org | www.mauiacademy.org

Student Last Name, First

**2011- 2012 Registration Form**

This is a fill-able pdf and may be completed on your computer, saved and emailed to: [friendsofmapa@mauiacademy.org](mailto:friendsofmapa@mauiacademy.org). Or you may print, complete and return it to Maui Academy of Performing (address and fax number listed below).

<p><b>Student 1</b></p> <p>Last: <input style="width: 100%;" type="text"/></p> <p>First: <input style="width: 100%;" type="text"/></p> <p>Grade: <input style="width: 100%;" type="text"/> Age <input style="width: 100%;" type="text"/></p> <p>School: <input style="width: 100%;" type="text"/></p> <p>DOB: <input style="width: 100%;" type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Email: <input style="width: 100%;" type="text"/></p>	<p><b>Student 2</b></p> <p>Last: <input style="width: 100%;" type="text"/></p> <p>First: <input style="width: 100%;" type="text"/></p> <p>Grade: <input style="width: 100%;" type="text"/> Age <input style="width: 100%;" type="text"/></p> <p>School: <input style="width: 100%;" type="text"/></p> <p>DOB: <input style="width: 100%;" type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Email: <input style="width: 100%;" type="text"/></p>	<p><b>Student 3</b></p> <p>Last: <input style="width: 100%;" type="text"/></p> <p>First: <input style="width: 100%;" type="text"/></p> <p>Grade: <input style="width: 100%;" type="text"/> Age <input style="width: 100%;" type="text"/></p> <p>School: <input style="width: 100%;" type="text"/></p> <p>DOB: <input style="width: 100%;" type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Email: <input style="width: 100%;" type="text"/></p>
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**Mailing and email addresses for all correspondence from MAPA**

Address:

City:

State:  Zip:

Email:

<b>For Office Use Only:</b>	
<input type="checkbox"/>	QB
<input type="checkbox"/>	Total Info

We do not share our email list with other organizations.

**Student(s) Live with:**  Both Parents  Mother  Father  Other:

**Primary Contact**

Mother  Father  Stepparent  Self

Last:

First:

Place of Work:

Home phone:

Cell phone:

Work phone:

**Other Contact (optional)**

Mother  Father  Stepparent  \_\_\_\_\_

Last:

First:

Place of Work:

Home phone:

Cell phone:

Work phone:

**Emergency Contact (if primary contacts are unavailable)**

Last:

First:

Relationship:

Phone:

Doctor name:

Facility:

Phone:

Special needs:

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"/> East Maui |
| <input type="checkbox"/> Asian (Japanese, Filipino, Chinese, Korean, etc.) | <input type="checkbox"/> Pacific Islander (Tongan, Samoan, Fijian, etc.) | <input type="checkbox"/> Upcountry    | <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"/> Other     |
| <input type="checkbox"/> Hawaiian/ Part Hawaiian                           | <input type="checkbox"/> Other   |                                       |                                    |

<b>How did you hear about us?</b>	
<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Email
<input type="checkbox"/> QKC Poster	<input type="checkbox"/> Website
<input type="checkbox"/> MAPA Playbill	<input type="checkbox"/> Online Search
<input type="checkbox"/> Maui Family Magazine	<input type="checkbox"/> Facebook
<input type="checkbox"/> On Maui Magazine	<input type="checkbox"/> Other:





# 2012 Spring Break Registration Form

Drama Camp, Ages 5-9

Dance Camp, Ages 6-10

Acting for the Camera, Ages 9-14

Parent Contact:

Parent Phone Number:

Student 1 (Last, First Name):

Age:

Student 2	
Student 3	

## Payment

	# of Students	Student Initials		
Drama Camp:			X \$175	
Dance Camp:			X \$175	
Acting for the Camera:			X \$175	
			Subtotal	
			Credits	
			<b>Total</b>	

	Check#	Cash	Credit Card
Name on Card:			
Credit Card #:			
Exp. Date:		Card Code:	
Billing Address:			
City:		Zip:	

For Office Use	
QB	
Payment	
Total Info	

## Policies & Procedures

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](http://www.mauiacademy.org/academydetails.asp).

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

Date