

KEIKI PERFORMING ARTS WORKSHOP REGISTRATION FORM

Name of Participant: _____ Birth Date: _____ Sex: M F Grade _____
(Must be entering 3-6 grade in Fall 2014)

Primary Contact: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

Emergency Contact: _____ Phone: _____

MEDICAL INFORMATION

List any medication, when they are taken, and for what condition _____

List any allergies for food, insects, or medications _____

ABOUT KPAW – KPAW is a FREE two-week summer musical theater performing arts camp. Students need to bring their own lunch. This intensive program runs from Monday July 28th through Saturday August 9, 10am to to 2:30 pm with just one day off on Sunday August 3. The performance will be on Sunday August 10th as part of Family Fun Day. **Please complete the application and return to Kahilu by June 11th at 5 pm. You will be notified by June 18, 2014.** *Founded in 2011, KPAW introduces children to different aspects of the performing arts. After a physical warm-up, students participate in numerous acting games that involve physical awareness, improvisation, and quick-thinking. They rehearse musical numbers each day, learning lyrics, tunes, and dances for the numbers. Students also do theater-related arts and crafts, including costuming and set design. At the end of the camp, the keiki perform for their family and friends. All the KPAW teachers are college students pursuing performing arts careers. They will be assisted by high school students from Waimea. KPAW was founded by Marena Dunnington and the teens of the Teen Theatre Troupe, now called the Kahilu Youth Theatre Troupe. Marena says: "Art is so important to childhood development and to the well-being of a community, and our hope is to expose the children in our community to as much art as we can so that they can learn and grow from it."*

How would your child benefit from a free two-week musical theater camp? _____

Has your child ever participated in any kind of performing arts program. If so, please tell us their previous performance experience: _____

Is your child participating in any of the other local summer theater / music programs?: _____

I am interested in receiving information about membership, other classes and youth activities at Kahilu

Parent/Guardian Signature : _____ Date: _____

My child has permission to participate in all program activities. INITIALS _____ I am the parent or legal guardian of the above named child participating in Kahilu Education programs. I hereby release, waive, discharge Kahilu, and all of its instructors, employees and volunteers from any and all liability for any damage and injury to my child or to any person or property stising out of participating in the program.

INITIALS _____ My child may be photographed for publicity purposes.

How did you hear about Kahilu Ed programs? Word-of-mouth Website Advertisement

Other (please specify) _____