

Maranatha Christian Schools Performing Arts



Name of Participant (First, Last)	
GradeSchool	Birthdate
Address	
Home Phone	_Cell
Father's Name	
Mother's Name	
E-Mail	
Allergies	
Waiver/Release Form: I, the undersigned parent or guar for my son/daughter to participate in the Fall MUSICAL at Maranatha	rdian of, a minor, hereby grant permission a Christian Schools from August – November 2018
behalf of Maranatha Christian Schools, for injury, accident, or illnes	atha Christian Schools, their officers, agents, employees, and any parties volunteering on as occurring during, or by reason of any activity. I/We further agree to indemnify and hold flunteers, and employees against claim liabilities, penalties or loss resulting from or as
	do hereby authorize any examination, x-ray, anesthetic, medical or surgical diagnosis or obysician or surgeon licensed under the provisions of the Medical Practice Act on the medis rendered at the office of said physician or at a hospital.
	ereby consent that my son/daughter may receive emergency medical treatment from any first notifying me, and do further agree to be financially responsible for any such treatmenter for rendering such services.
Insurance Co. Group:	Policy Number:
SIGNATURE:	DATE

Tuition Fees: (Due 12/2)

Performances: November 8 - 11 2018

MCS Students: \$250.00 (one child) - \$450 (2 children) Non MCS Students: \$350.00 (one child) - \$550 (2 children) Payments: Check, Cash, Debit/Credit cards accepted