StageTime Theatre School Registration
Fall/Winter Session 2026
Peter Pan

Classes start: Wed, September 2, 2026

3:15 pm for grade school students

5:15 pm for junior high and high school students

Actors must attend classes to be able to be in the play.

Auditions: Wed, September 9 , 2026

1. Include a current 8 ½ x 11 black & white head shot and an updated resume. A resume format is included in this packet. You may take the photo with your phone and print it on a regular piece of paper. Or you may email it to chewelahpaca@gmail.com and we will print it for you.

   You will be given suggestions for a monologue on the first day of class.

Name _____ Birthdate _____

Age _____Grade _____School _____

Physical Address _____

Mailing Address _____

City _____ State _____Zip_____

Phone number work _____Home number_____

Parent cell number _____Actor cell number _____

Parent/Guardian name _____

Parent email _____

Actor email _____

Anything else we should know?

Each actor will need the following completed forms:

1. Registration
2. Conflict sheet
3. Medical release
4. Photo and Liability release
5. Shirt order form
6. Pay $65 tuition per student payable to PACA or Chewelah Center for the Arts

Conflict Sheet
Peter Pan

Name_____

Please list any and all conflicts you might have that will prevent you from rehearsing 3:30-5:30 pm, September 9, 2026 through December 10, 2026.

Monday

Tuesday

Wednesday

Thursday

Friday

Show dates are December 11, 12 and 13, 2026.
We will be doing 12 performances that weekend, with day time shows for area schools Thursday and Friday, December 11 and 12.

The week prior to the show we will be rehearsing 3:30 -8:00 pm each day

Any other conflicts I should know about? Please, no surprises!
Questions? Call Janet Bresnahan 509-995-7285

MEDICAL RELEASE FORM

Actor Name: _____ **Birthday** _____

If under 18 years of age, please fill out the following information for Parent/Guardian(s).

(1) Parent/Guardian Name: _____ **Relationship:** _____

Address: _____

(Number and Street) (City) (State) (Zip Code)

Home Telephone #: _____ **Cell #:** _____

Work Telephone #: _____ **Email:** _____

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(2) Parent/Guardian Name: _____ **Relationship:** _____

Address: _____

(Number and Street) (City) (State) (Zip Code)

Home Telephone #: _____ **Cell #:** _____

Work Telephone #: _____ **Email:** _____

Please fill out the following regardless of age.

Insurance Provider: _____ **Insurance Policy #:** _____

Doctor Name: _____ **Phone #:** _____

Emergency Contact Name: _____ **Phone #:** _____

Special Medical Conditions: _____

Please check ONE of the boxes below and sign the corresponding signature line.

(Cast member age 18 and above)

 In the event you are injured or an emergency occurs, StageTime will make every effort to reach your emergency contact. If possible, StageTime will call your designated doctor. However, if deemed necessary because of the nature of the injury or emergency, StageTime will obtain treatment from the nearest hospital.

Actor Signature: _____ Date: _____

(Cast member under the age of 18)

 In the event your child is injured or an emergency occurs, StageTime will make every effort to reach you. If you cannot be reached, StageTime will try to reach your child's emergency contact. If possible, StageTime will call your child's designated doctor. However, if deemed necessary because of the nature of the injury or emergency, StageTime will obtain treatment from the nearest hospital.

Parent/Guardian Signature: _____ Date: _____

RELEASE OF LIABLITITY AND PHOTO RELEASE FORM

Actor Name: _____ **Birthday** _____

Release of Liability

StageTime Theatre School does its utmost to ensure the health and safety of its participants. Parent/Guardians of minor children participating in StageTime productions are advised to be mindful of the fact that performance in, and rehearsing for, live theatre has the potential for a risk of danger. These include, but are not limited to, use of costumes, use of stage props, use of sets, use of stage special effects, etc.

The undersigned agrees to indemnify and hold StageTime Theatre School and its agents, producers, employees, and volunteers harmless from any and all liability claims, actions, judgements, and/or injuries of any kind and nature whatsoever to _____ and/or their property arising from that person's participation in the activity herein.

Parent/Guardian Signature: _____ **Date:** _____

Actor Signature: _____ **Date:** _____

Photo Release

Please fill in ONE of the following statements and sign the corresponding signature line(s).

Cast member age 18 or above:

I, _____, authorize StageTime and all of its agents, contractors, employees, and volunteers to use, at their discretion, my name and likeness in any median including, but not limited to, video, photographs, drawings, etc in the purposes of advertising StageTime and/or this production without notice or compensation to me now and in the future.

Actor Signature: _____ **Date:** _____

Cast member under the age of 18:

I, _____(parent/guardian), authorize StageTime and all of its agents, contractors, employees, and volunteers to use, at their discretion, my child _____'s name and likeness in any median including, but not limited to, video, photographs, drawings, etc in the purposes of advertising StageTime and/or this production without notice or compensation to me now and in the future.

Parent/Guardian Signature: _____ **Date:** _____

Actor Signature: _____ **Date:** _____

Shirt Order Form

Actor Name: _____ Shirts must be paid for before we order them.

Please circle yes or no regarding whether or not you want to order a shirt: yes no

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If you circled yes, please fill out the following.

Name: _____ Phone Number: _____

Shirt Type (circle): T-Shirt ($20) Long Sleeve ($20) Crewneck Sweatshirt ($30) Hoodie ($35)

Size (circle): Youth Small Youth Medium Youth Large Adult Small

Adult Medium Adult Large Adult Extra Large Adult Double Extra Large

Name: _____ Phone Number: _____

Shirt Type (circle): T-Shirt ($20) Long Sleeve ($20) Crewneck Sweatshirt ($30) Hoodie ($35)

Size (circle): Youth Small Youth Medium Youth Large Adult Small

Adult Medium Adult Large Adult Extra Large Adult Double Extra Large

The following boxes may be filled in with your suggestions for shirt designs

Front
Back

StageTime Resume format:

Name (bold)
Address
Phone email

Age: xx	Hair: xx	Height: xx
Eyes: xx	Birthdate: xx	Shoes: size xx
Grade: xx	Clothes: Size xx	

Stage Experience (bold)

Production	Character	Director	Date
Title of show	Name	Name	Summer xx

Italicize show titles
Single space
Please put most recent experience first

TV Experience (bold) if any
Same format as stage experience

Training (bold)

Type	Where	Instructor	Date

Interest/Special Abilities
List all

Awards/Involvement
List all

Notes:

Limit resume to one page.
This is the resume format StageTime Theatre school wants. Other production companies, colleges, etc. may want a different format.