

Youth Company
ON STAGE Registration
Fall Session, October - December 2026

Name: _____ **Age/ Grade:** _____

- ☐ **Jingle Bell Jukebox (grades 1-5, Tuesdays)**
- ☐ **Amahl / Jingle Bell Jukebox (grades 5-8, Tuesdays and Thursdays)**
- ☐ **Amahl / Sounds of the Season (grades 9-12, Wednesdays)**

Parent/Guardian Name: _____

Email: _____

Phone: _____

Emergency Contact (other than parent/guardian listed above):

Name: _____ **Relation:** _____ **Phone:** _____

To make payment by credit card, call the Opera Naples office at 239-844-SING and speak with Rita Albaugh. If you wish to pay by check or cash, bring payment to the first class.

Youth Company
ON STAGE Registration
Fall Session, October - December 2026

Medical Release:

I, _____, hereby give permission for any and all medical attention necessary to be administered to my child, _____, by staff/volunteer(s) of Opera Naples, Inc. in the event of any accident, injury or sickness.

If in the event of a life-threatening emergency, Opera Naples, Inc. will make every reasonable effort to contact the parent(s) and/or the above designated emergency contacts immediately following contact of the appropriate emergency response individuals. If emergency response services are rendered, I hereby assume all responsibility for payment of such services, and I will not hold Opera Naples, Inc. or its staff or volunteer(s) liable.

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

Photo/Image Release:

I, _____, hereby give my consent for Opera Naples, Inc. staff, volunteers, or various news media outlets to take photographs or videos of my child, _____, while he/she is rehearsing or performing with Opera Naples. I understand that all photographs and videos of my child become the property of Opera Naples, Inc. and may be used in future promotions and publications distributed by Opera Naples, Inc. including, but not limited to, brochures, press releases, Opera Naples website and social media pages.

I release Opera Naples, Inc. from all claims I may have to the use of said photographs or videos.

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