

Summer 2009 Registration Form

STUDENT NAME _____ Age as of Jun. 1, 2009 _____ Date of Birth _____

My contact information has not changed

Work Phone _____ Home Phone _____ Cell Phone _____

Address _____ Email _____

How did you hear about us? _____

(NEW **AND** RETURNING STUDENTS, PLEASE COMPLETE)

Parent/Guardian Names _____

Emergency Contact _____ Relationship to Student _____

Emergency Phone _____ (Medical issues must be reported to the office prior to the 1st day of class.)

Dance & Theatre Classes	Session	Day & Time	Price
<small>(DO NOT include Studio Companies—company members & apprentices will be billed separately)</small>			
Example: <u>Ballet Tech 2</u>	<u>A B</u>	<u>Tue/Thu, 3:00-4:00pm</u>	<u>\$30</u>
_____	A B	_____	_____
_____	A B	_____	_____
_____	A B	_____	_____
_____	A B	_____	_____
_____	A B	_____	_____
_____	A B	_____	_____

TOTAL = _____

10% Multiple Class Discount (minimum of 6 sessions) - _____

CLASS TOTAL = _____

CAMP TOTAL + _____

TOTAL TUITION = _____

Registration Fee (EACH STUDENT) + \$15.00

TOTAL DUE (at least 50% due by June 1st) = _____

DEPOSIT (must accompany registration) = _____

Camps & Workshops

So You Think You Can Flap \$60

A Bug's Life \$90

Rock & Roll Band Camp \$175

Ballet Workshop \$60

Fairy Princess Camp \$90

CAMP TOTAL \$_____

PARENT/STUDENT AGREEMENT (READ CAREFULLY BEFORE SIGNING!)

I hereby release Pennsylvania Academy of the Arts, its agents and employees from all **liability for personal injury, illness or property damage** occurring on or off the school's premises. I have read the registration information and understand the **School's policies** as outlined. I understand that I am **responsible for tuition payments** as described. I certify that I am **in good health and capable of participating** in all school activities and classes. I hereby give permission for Pennsylvania Academy of the Arts to take **photographs for promotional uses** for the school. I authorize Pennsylvania Academy of the Arts employees to **call the paramedics and discharge me/my student to an ambulance** if I am not able to authorize it in a medical emergency.

Student's Signature (18 & older)

Parent/Guardian Signature

Date

Make checks payable to PA Academy of the Arts. Credit card payments may be made in person at the Academy.

Drop off or mail forms to 200 Old Fort Rd, Spring Mills, PA 16875

OFFICE ONLY	Date Exc	Paid Out	Check # QB	MC/Visa CC	Confirm FF
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