



# Lafayette Society for Performing Arts Registration Form 2018-2019 Season

Date: \_\_\_\_\_

DANCE  THEATRE  YOUNG SINGERS

Student's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
(First) (Middle) (Last)

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age SEPT 1, 2018: \_\_\_\_ 2018-2019 Grade Level: \_\_\_\_

Student's Mobile Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

Student's School: \_\_\_\_\_ Dismissal Time: \_\_\_\_\_ T-Shirt Size: \_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parent Name(s): \_\_\_\_\_

Parent Email(s): \_\_\_\_\_

Home Street Address: \_\_\_\_\_

Home City: \_\_\_\_\_ Home State: \_\_\_\_\_ Home Zip Code: \_\_\_\_\_

## ALL PARENT PHONE NUMBERS

Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**A CLASS CHANGE FORM, BY THE 15<sup>th</sup> OF THE MONTH IS REQUIRED TO STOP PAYMENT/MONTHLY INVOICE CHARGES FOR THE FOLLOWING MONTH'S TUITION.**

## ACCOUNT HOLDER INFO, IF DIFFERENT

Account Holder's Name: \_\_\_\_\_

Account Holder's Address: \_\_\_\_\_

Account Holder's Phone: \_\_\_\_\_ Account Holder's Email: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

(For Office Use) Student ID: \_\_\_\_\_ Family ID: \_\_\_\_\_ ENTERED IN RENWEB



# Lafayette Society for Performing Arts

## Education Interests

Please circle all that apply for your child.

DANCE	THEATRE	YOUNG SINGERS
Ballet	Acting	Vocal Training
Jazz	Technical Theatre	Choral Performances
Tap	Musical Theatre	
Contemporary Modern		
Hip Hop	<b>COMMUNITY OUTREACH</b>	
Acro Tumbling		

**A CLASS CHANGE FORM, BY THE 15<sup>th</sup> OF THE MONTH IS REQUIRED TO STOP PAYMENT/MONTHLY INVOICE CHARGES FOR THE FOLLOWING MONTH'S TUITION.**

### For Office Use Only

#### Class Assignments

Class	Day	Teacher	Time	Hours	Monthly Tuition
Totals					

**Annual, non-refundable, registration for LSPA is \$35 per year, for the first year. After the first year, \$25 per student, if paid by end of class, May 18, 2018, otherwise it remains \$35.**

Performance	Fee
Total Fees	

Registration Fee (due: today): \_\_\_\_\_

Performance Fees (due: \_\_\_\_\_): \_\_\_\_\_

Costume Fee (due: \_\_\_\_\_): \_\_\_\_\_

Monthly Tuition Total: \_\_\_\_\_



# Lafayette Society for Performing Arts

## Liability/Medical Release

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

### EMERGENCY INFORMATION

Parent/Guardian: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Policy Holder Date of Birth: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

In a medical emergency, when parent/guardian cannot be reached, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### STUDENT OR PARENT/GUARDIAN AGREEMENT

I, as the adult-age student or the parent/guardian of the registered, minor student, agree to abide by the rules of the Lafayette Society for Performing Arts and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with performing arts and in consideration for LSPA accepting the student for its programs and activities, I hereby release, discharge and/or otherwise indemnify LSPA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of LSPA and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

Adult Student or Parent/Legal Guardian of Minor Student (Print): \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT

As the adult student or as the parent/legal guardian of a minor participant in LSPA programs, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the student.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(For Office Use) Student ID: \_\_\_\_\_ Family ID: \_\_\_\_\_ ENTERED IN RENWEB



# Lafayette Society for Performing Arts

## Media Release Form

I hereby grant to the Lafayette Society for Performing Arts (LSPA) and its subsidiary organizations permission to use my likeness in a photograph, digital reproduction, or video in any and all of its official publications and publicity material, including official website entries and official Facebook pages without payment or any other consideration.

I understand that any and all photographs, digital images, or video taken by an individual in the employ of the Lafayette Society for Performing Arts are the sole and exclusive property of LSPA, which retains all rights, title, and interest in such images or photographs.

I hereby irrevocably authorize LSPA and its subsidiary organizations to edit, alter, copy, exhibit, publish, or distribute these photos or images for the purpose of publicizing LSPA or its subsidiary organizations or for any other lawful purpose. Additionally, I waive any right to inspect or approve the finished product wherein my likeness appears. Furthermore, I waive any right to royalties or other compensation for the use of my likeness.

I hereby hold harmless and release and forever discharge LSPA and its subsidiary organizations from all claims, demands, and causes of action which I, me heirs, representatives, executors, administrators, or any other persons acting on my behalf or the behalf of my estate may have are may have by reason of this authorization.

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Student Signature

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Date

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Printed Name

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Date

I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the forgoing on behalf of this person.

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Parent or Guardian Signature

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Date

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Parent of Guardian Printed Name

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Date