



REGISTRATION

Returning students, please fill out the shaded boxes- unless there's been a change in your information.

Student Information

Name		
Birthdate (m/d/y)	Age	Gender M F
School	Grade	
Student Phone	Student Email	
It is important that we can show funders that SPACE serves a diverse population. Please help by indicating: Child's Ethnicity _____ Note: Reporting will not include any student's name		
Information about your child that will help us ensure a safe and successful experience:		

Registering Parent/ Guardian Information

Parent/Guardian #1		
Name		
Address <input type="checkbox"/> Same as Student		
Phone	HOME WORK	CELL Circle which phone to call first
Email		
Parent/Guardian #2		
Name		
Address <input type="checkbox"/> Same as Parent #1		
Phone:	HOME WORK	CELL Circle which phone to call first
Email		

Class Registration:

Class/Camp	Tuition
1 _____	\$ _____
2 _____	\$ _____
Total	\$ _____

Office Use

Emergency Contact other than parent

Name	
Relationship	
Phone #'s HOME	CELL
Address	

Credit Card Payment

Type of card <input type="checkbox"/> Visa <input type="checkbox"/> Master card
Card # _____
Expiration Date _____ Code _____
Full payment is due at time of registration, or arrangements can be made to make two payments. Please make checks payable to: SPACE .

IMPORTANT PLEASE SIGN

Near & Arnold's School of Performing Arts & Cultural Education (SPACE)

RELEASE FROM LIABILITY AND INDEMNIFICATION I, the parent or guardian of the minor named above, agree to allow my child to participate in the SPACE class and programs for which he/she has registered. In consideration of participation, I agree to indemnify and hold harmless SPACE and its employees, officers and agents from and against any and all liability, save and except for the sole negligence of SPACE and its employees, from actions resulting in injury associated with my child's participation in the activities directly related to the classes, performances and/or rehearsals. I understand and am familiar with the nature of the activities in which my child will be participating. My child is in good physical health and does not have any physical health conditions or emotional conditions, of which I am aware, which in any way may adversely affect his/her ability to participate in these activities.

I further agree and understand, that as part of the nature of the performing arts, images and recordings of participants may be taken during the normal course of classes, rehearsals, performances and other activities. I agree that all such images and recordings are the sole property of SPACE.

In the case of questions or concerns regarding the capturing and sharing of these images and recordings (most commonly on social media, the SPACE website and as part of live performances) please contact one of the co-directors for further information regarding SPACE's procedures and practices.

I am aware that SPACE staff are Mandatory Reporters for both onsite and online classes.

I am aware that SPACE abides by all the state and county COVID19 Public Health Directives.

Parent/Guardian Signature : _____

Date: _____