



Program Registration Form

Today's Date: _____ Session Quarter or Semester: Fall Winter 1 Winter 2 Spring

Student Name _____ Date of Birth _____
Gender Male Female How did you hear about us? _____
Experience (Type & years) _____
School _____ Grade: _____
Parent/Guardian Names: _____
Address: _____ City _____ State _____ Zip _____
Home Phone: _____ Work Phone _____
Cell Phone _____ (please note whose cell phone)
Email Address: _____

Programs & Fees:

- ___ Little Stage Stars \$90 Qtr 1 hour a week
- ___ StratusFunk (Hip Hop) \$90 Qtr 1 hour a week
- ___ Get Your Groove On \$180 Qtr 2 hours a week
- ___ Characters & Creators (Adult) \$180 Qtr 2 hours per week
- ___ Private Production Class \$350 Qtr 1 hour per week

- ___ Youth Theater Company \$300 Semester
- ___ Concept to Curtain \$350 Semester

- ___ 30 minute Private Lessons Guitar Drums Piano Voice 4 Lessons \$120 9 Lessons \$250
- ___ 1 hour Private Lessons Voice 4 Lessons \$225 9 Lessons \$485

Policy Agreement: I understand and agree to comply with all policies and procedures of Fusion Performing Arts Center. It is understood that the applicant is enrolled for the entire session; no deductions, credits or refunds will be made for absence or withdrawal, voluntary or involuntary, unless for medical reasons or for dismissal by the Directors for any reason whatsoever if deemed to be necessary in the best interest of the school.

Signature Required _____

I understand that the entire balance of tuition for the session is due on or before the first class for each session. I understand Fusion PAC utilizes email as primary mode of communication.

Waiver of Liability: I hereby release, indemnify and hold harmless Fusion Performing Arts Center, its owners, members, advisors, Board of Directors, Officers and all employees, independent contractors and agents of these parties from all liabilities, suits, claims and/or demands of any kind or nature, legal or financial, whether caused in any way by the negligence or not, arising from the participation in or observation of any Fusion activity for injuries to any person or property, whether on or off premises. The student/participant named below does voluntarily participate in any and all Fusion activities and that the student/participant and guardian understand that certain risks are inherent during participation and involvement with Fusion in its various formal and informal activities. Fusion PAC is not responsible for any lost or stolen property, at any time. Any student or parent found to be violating any of the rules, codes of conduct, or found to be disruptive to either another individual, group or Fusion PAC faculty may be asked to leave the premises or off-site location at any time and be refused reentrance, without any refund.

Photo/Media Release: I hereby understand and am fully aware that the student/participant named below may be participating in Fusion Performing Arts Center activities in which I and/or the student/participant named below may be photographed or videotaped (the Property) from time to time. I hereby irrevocably grant to Fusion PAC perpetually, exclusively and for all media throughout the world (including print, non-theatrical, home video, CD-ROM, internet and any other electronic medium presently in existence or invented in the future), the right to use and incorporate (alone or together with other materials), in whole or in part, photographs, sound bites or video footage taken as a result of participation in Fusion PAC activities. I hereby agree that I will not bring or consent to others bringing claim or action against Fusion PAC, its officers, members, Board of Directors, and all employees and agents of these parties from and against any all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities and damages whatsoever that I may hereafter have against Fusion PAC in connection with the Property. This agreement shall not obligate Fusion PAC to use the Property or to use any of the rights granted hereunder, or to prepare, produce, exhibit, distribute or exploit the Property. Fusion PAC shall have the right to assign its rights hereunder, without my consent, in whole or in part, to any person, firm, corporation or organization.

As the undersigned, I agree that I have read all information provided by Fusion PAC. Furthermore, I have reviewed the statements concerning email correspondence and I am full aware of the implications set forth. I agree that all the information has been provided to me in a clear and concise method and any questions that I presented have been answered in an acceptable manner. I understand and agree to the contract terms and rules that are listed above:

Adult Student or Parent/Guardian Signature _____

Print Name _____

STUDENT HEALTH HISTORY

Due to the physical demands of dance and other performances it is necessary to provide the following information. Therefore it is important that each student and/or their guardian understand these risks. Fusion PAC and its Officers, Directors and employees will not be held responsible for any personal injury incurred by students. By signing this form you also agree not to hold the school, its staff or any teacher or guest teacher responsible for any injuries that the student below may incur while performing or taking classes at Fusion PAC. Please remember that all information will be considered confidential.

Student _____

Emergency Contacts:

1. _____

2. _____

List any known allergies:

List all conditions being monitored by a physician including seizures, heart conditions, head injuries, learning disabilities, emotional difficulties, etc.

List any special instructions in the event of a health crisis:

I, the parent or legal guardian, verify that the above information is accurate and complete.

As the parent legal guardian of the student/participant named above, I request and authorize that in my absence the student/participant named above be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine /Osteopathy or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the student/participant named above. I have not been given any guarantee as to the results of examination or treatment. I hereby authorize Fusion Performing Arts Center, its officers, members, Board of Directors, and all employees and agents of these parties to act for the student/participant named above according to their best judgment in providing or arranging for emergency care in any emergency circumstance requiring medical attention. I authorize the hospital, medical or care facility to dispose of any specimen or tissue during the course of any diagnosis, treatment or other normal and customary procedures.

Signature _____