

EXPERIENCE ARTS SCHOOL REGISTRATION FORM – Spring 2012

Student Name: _____ Birthdate: _____
Parent/Legal Guardian: _____
Home Phone: _____ Parent Cell: _____ Student Cell: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Emergency Contact (other than parent) _____ Phone _____

Does the student have any illnesses or restrictions? Yes /No
If yes, please explain: _____

How did you hear about EAS? _____

Class Information:

CLASS CODE: CLASS NAME: DAY: TIME: TUITION

Choose Your Payment Method: (please check one)

Monthly Payments (First payment due at registration, then 1st of each month thru April. There is a one-time \$5 billing fee for selecting this option)

Payment in Full for Fall Semester (Due at registration)

Tuition: \$ _____
Supply Lab Fees: \$ _____ (Some classes / performance companies have Additional supply fees –refer to descriptions)
Registration Fee: \$ _____ (\$10 nonrefundable fee paid once per school year)
Billing Fee: \$ _____ (\$5 one-time fee, if you opt to pay monthly)
Total: \$ _____
Amount Enclosed: \$ _____

Please make payments out to:

Experience Arts School Or you may pay with credit card by calling 480-464-3967
655 E University Dr Please add \$1.50 to your payment if using this method.
Mesa, Az. 85203

I have read and understand/agree to all the 'Payment Information' given. I understand that I am registering for the full semester for the listed packages /classes and am thus responsible for the full-semester tuition and any accruing late fees, as well as any supply/production/costume fees.

(Sign here) _____ (Date) _____

For Office Use Only

___ Waiver
___ Aug ___ Sept ___ Oct ___ Nov ___ Dec

Participant/Parent/Guardian Waiver and Indemnity Agreement

I have read, understood and will comply with all guidelines, procedures, and policies put forth by Experience Arts School. In consideration of your accepting me, or my child, for participation at Experience Arts School, I hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages that I may have against the aforementioned organization and its agents, employees, representatives, successors and assigns for any and all injuries suffered by myself or my child that arise out of the aforementioned program, activity, sport, dance sponsored by the aforementioned organization. I warrant that I have the right to authorize the foregoing and do hereby agree to hold the aforementioned organization harmless of and from any and all liability of whatever nature which may arise out of or result from such participation. For the consideration stated above, I further agree that in the event that my child or I should make any claim against the aforementioned organization for damages arising out of the aforementioned program, activity, sport or dance, I will personally indemnify, defend, and hold harmless the organization and its agents, employees, and representatives, successors, and assigns against any and all loss and damage occasioned thereby, including attorney's fees. I have read and understand this Agreement and have willingly placed my signature below as evidence of my acceptance of all conditions contained herein.

If the student is **not a minor**, complete and sign below:

Print Student's Name: _____ Age: _____

Student Signature: _____ Date: _____

If the student(s) *are minors*, complete and sign below:

Print Student's Name(s): _____ Age: _____

Print Student's Name(s): _____ Age: _____

Print Student's Name(s): _____ Age: _____

Print Student's Name(s): _____ Age: _____

Print Student's Name(s): _____ Age: _____

Print Parent's Name: _____

Please complete the following information for our files:

Email address: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Emergency Contact: _____ Phone: _____

Church Home: _____ None

Parent/Guardian Signature: _____ Date: _____

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___ Aug ___ Sept ___ Oct ___ Nov ___ Dec

Video & Photo Release For Experience Arts School Ministries

Subject(s), hereby grants to **Experience Arts School Ministries** the exclusive rights to use the video/photo(s) taken/supplied with Subject's image(s) for the inclusion in any work produced by Experience Arts School Ministries. Subject acknowledges that the depiction of him/her in the video/photo(s) may be duplicated, altered, and distributed in any and all manner and media throughout the world in perpetuity.

Subject(s) hereby releases and discharges Experience Arts School Ministries, its employees, agents, licensees, successors, and assigns from any and all claim, demands or causes of actions that it may have or may have from now on and for libel, defamation, invasion of privacy or the right of publicity, infringement of copyright or trademark, of violation of any other right arising out of or relating to a utilization of the rights granted under this agreement.

Subject(s) agrees that Experience Arts School Ministries shall have the unlimited right to vary, change, alter, modify, add to and/or delete from his/her depiction in the video/photo(s) and to rearrange and/or transpose his depiction, and to use a portion or portions of his/her depiction of character together with any other literary, dramatic, or other material of any kind.

All rights, licenses and privileges herein granted to Experience Arts School Ministries are irrevocable and not subject to rescission, restraint or injunction under any circumstances.

Nothing herein shall be construed to obligate Experience Arts School Ministries to produce, distribute or use any of the rights granted herein.

This agreement shall be construed according to the laws of the State of Arizona applicable to agreements which are executed and fully performed within said State.

This agreement contains the entire understanding of the parties relating to the subject matter, and this agreement cannot be changed except by written agreement executed by the party to be bound.

Subject's Name/Names: _____

Subject's Signature: _____
(or Legal Guardian's Signature and Name)

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Payment Information

(Updated for Spring 2012)

\$7/hour group class rate - based on Full Semester Registration.

\$9/hour Aerial group class rate – based on Full Semester Registration

\$30 per 30 minutes private lesson rate.

\$10 Registration Fee: this registration fee covers student administration.
(One fee per student, not per class, per school year – nonrefundable)

\$25 Supply Fee: (per class) this supply fee covers the cost of materials for the following classes: Art Encounters, Storytelling and Technical Theatre.

Costume & Production Fee: All students are required to pay a \$10 production fee (per individual) and allows you to invite as guests to the end of the year production w/out having to sell tickets. Students are also responsible for the cost of their costumes. Costume fees can range from \$25-\$100 per class or performance piece.

Audit Fee: \$10 per class (taking just one 'trial' or 'drop-in' class). Please call the school office to make arrangements at 480-464-3967.

Discounts and Payment Plans

Pay for the entire semester up front and receive a **10% discount** on all classes and private lessons.

Monthly payment plan: If selecting our monthly payment plan, there is a one time **\$5 processing fee**. Late payments will incur a \$2 charge per week late. If you are having trouble making payments please contact the office at 480-464-3967 to make appropriate arrangements.

Miscellaneous

Checks that are returned for **insufficient funds** will be charged **\$25**.

All class registration is for the Full Semester.

- If you drop a class prior to classes begin, you will receive a full refund, less your registration fee
- If you drop a class prior to February 1st, you will receive a 50% refund, less your registration fee

If you drop a class after February 1st, there is no refund.

Payments can be made by cash, check or credit card.

For credit card payments please add a \$1.50 fee to your total and Call 480-464-3967 to make credit card payment.

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School Guidelines

Attendance

- Students must come to class regularly.
- Refunds will not be given for missed classes. However, you may attend another makeup class—Speak with the teacher.

General Rules

- No gum or food in classrooms.
- Water bottles permitted and encouraged.
- Visitors/parents allowed in classroom by invitation only.
- All students under the age of 12 are required to be picked up at the classroom after their class. We suggest older students walk out with other classmates.

Class Room Behavior

- Students are expected to give their full attention to the instructor.
- Talking is permitted when participating in the learning process or on breaks.
- Disruptive behavior is not allowed.
- Students must respect property they will be using.
 - In the case of injury, EAS, City of Grace, and/or the instructors are not responsible for injury.

Class Preparation

- Some classes may require a textbook and/or supply purchases.
- On time means to arrive 5 minutes before class begins.
- Wear appropriate attire as directed by the following guidelines.
- Secure hair away from face (for dance classes).
- Use the restroom before class begins.

Dress Code

- Hair needs to be secured from the face in a bun with bangs pinned back from the face.
 - Female Ballet students need to wear a leotard, pink tights, and pink ballet shoes. Sheer black ballet skirts or black Soffe shorts are permitted over the leotard and tights.
 - Male students need to wear either biker shorts or form fitting sweat pants rolled above the knee , a t-shirt and black ballet slippers
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