



## NEW REGISTRATION

**Student Information:**

Student Name:		
Birthdate (m/d/y)	Age	Gender M F
School:	Grade:	
Phone:		
Email:		
Information about your child that will help us insure a safe and successful experience:		

**Ethnicity:**

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

How did you hear about SPACE?

Friend (name) \_\_\_\_\_

Facebook       Child's school

Newspaper       Radio       Other :

Rec. Guide       Newsletter \_\_\_\_\_

**Class Registration:**

Class/Camp:	Tuition
1 _____	\$ _____
2 _____	\$ _____
3 _____	\$ _____

Credit Card Handling Fee (\$5):	\$ _____
Total:	\$ _____

**Registering Parent/ Guardian Information**

Parent/Guardian Name:	<input type="checkbox"/> Financially Responsible
Address: <input type="checkbox"/> Same as Student	
Street:	
City, Zip:	
Phone: HOME	CELL
WORK	Circle which phone to call first
Email:	

**Emergency Contact other than parent:**

Name:	<input type="checkbox"/> Financially Responsible
Relationship: _____	
Phone #'s: HOME	CELL
Address:	
Street: _____	
City/Zip:	

**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: <b>SPACE</b> .

<b>Office Use</b>
P1 _____
P2 _____

**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 below, 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 to allow the use of my child's photograph, video images of my child, and/or audio recordings in which he/she can be heard, for publicity purposes related to SPACE and its programs and activities. I agree that all such images and recordings are the sole property of SPACE.

\_\_\_\_\_ **Initial: All photos from shows can be accessed on SPACE's Facebook Page.**

Parent/Guardian Signature : \_\_\_\_\_ Date: \_\_\_\_\_