



Registration Form

Today's Date: _____

FAMILY INFORMATION

Parent 1 First _____ Last: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Parent 2 First _____ Last: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Street Address: _____

City / State: _____

Emergency Contacts: _____ Phone: _____

Family Physician: _____ Phone: _____

Please indicate allergies or medical issues we should know about on the reverse.

STUDENT 1 INFORMATION:

First _____ Middle Init. _____ Last _____

Circle one: Male / Female Birthdate: _____

Phone: _____ Cell: _____

Email: _____

School: _____ Grade: _____

Class Name	Day / Time	Tuition

STUDENT 2 INFORMATION:

First _____ Middle Init. _____ Last _____

Circle one: Male / Female Birthdate: _____


Phone: _____ Cell: _____


Email: _____

School: _____ Grade: _____

Registration Fee (\$20.00) for Group Classes only:

Circle One _____ Account Number _____

 _____

 _____

Cardholder Name _____

Expiration Date _____ - _____ - _____ Amount of Charge \$ _____

Authorized Signature _____

Check # _____ Check amount \$ _____ Cash: \$ _____

WAIVER REQUIRED. For insurance purposes, Encore Academy of Performing Arts requires a signed waiver. Please sign the waiver section below.	Total

There is a one-time registration fee of \$20.00 for Group Classes. Check payable to: Encore Academy of Performing Arts Mail to: 17451 Bastanchury Road, Ste 102d, Yorba Linda, CA 92886. Fax Registration to: (714) 223-2866. DO NOT SEND CASH!

Comments to Encore Academy of Performing Arts: _____

WAIVER AND HOLD HARMLESS AGREEMENT

Please read this form carefully and be aware that in signing up and participating in this program(s), you will be waiving and releasing all claims for injuries you might sustain arising out of this program.

- As a participant in the program(s), I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, damages or loss which I may sustain as a result of participating in any and all activities with or associated with such program(s).
- I agree to waive and relinquish all claims I may have as a result of participating in the program(s) against Encore Academy of Performing Arts and its officers, agents, servants, and employees. I do hereby release and discharge Encore Academy of Performing Arts and its officers, agents, servants, and employees from any and all claims from injuries, damage or loss which I may have or which may accrue to me on account of my participation in the program(s).
- I further agree to indemnify and hold harmless and defend Encore Academy of Performing Arts and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program(s).

I have read and fully understand the above Program Details and Waiver Release of all Claims. Waivers MUST be signed by participant(s)' legal guardian. Facsimile signatures will be considered as original by the academy.

Signature(s): _____ Date: _____

OPTIONAL WAIVER FOR USE OF IMAGE

Please sign this waiver if you will permit use of your/your child's image (photo) to be used either educationally or promotionally in our newsletters, various other school publications, webpage and/or videos of classes or performances.

Signature(s): _____ Date: _____