



Registration Form

STUDENT	GRADE	DATE OF BIRTH	
PARENT/GUARDIAN			
ADDRESS	CITY	STATE	ZIP CODE
EMAIL			
HOME PHONE	CELL/WORK PHONE		
EMERGENCY CONTACT	PHONE		
FAMILY PHYSICIAN	PHONE		
MEDICATIONS	ALLERGIES		
SPECIAL NEEDS OR INFORMATION YOU WOULD LIKE THE INSTRUCTOR TO KNOW			

CLASS	DAY/TIME	TUITION
CLASS	DAY/TIME	TUITION
CLASS	DAY/TIME	TUITION

APPROVAL CODE _____

10% Discount if registering for more than one class in a semester. Discount applies to the lesser value class. One-day workshops and classes under \$40 are NOT subject to 10% multiple class/sibling discount.

Payment Method

CHECK # _____ PAYABLE TO 'SCHAUER CENTER'

GIFT CERTIFICATE # _____ ENCLOSED

PAYMENT PLAN CREDIT/DEBIT CARD REQUIRED

TOTAL TUITION FROM ABOVE _____

FRIENDS DONATION \$25 MIN. _____

LUV ARTS DONATION \$1 MIN. _____

DISCOUNT AS APPLICABLE _____

TOTAL DUE _____

Payment Plans may be arranged for any class over \$100. A minimum of 25% of the tuition fee must be paid prior to the start of the first class/rehearsal. Payment plans must be paid with a credit or debit card, and completed agreement must be turned in to the Schauer Center prior to the first day of class.

CARD NUMBER _____ EXP. DATE _____

SIGNATURE _____

Release & Waiver

The Undersigned acknowledges that the Schauer Arts and Activities Center, Inc. will provide facilities and/or equipment for the conduct of the above activity. The Undersigned further acknowledges the participation in the activity could result in injury and/or damage to property and expressly assumes the risk of such injury and/or damage.

In consideration of the Schauer Center providing facilities, equipment, organization, and supervision of the activity, the Undersigned agree(s) and covenant(s) and do(es) hereby release, waive, indemnify and hold harmless the Schauer Center and all of its employees, agents, and appointed organizers, sponsors, and supervisors from and against any and all claims arising by reason of any damage, loss or injury either to person or property or both, resulting or in result, known or unknown, in connection with participation in the activity and/or other related activities incidental thereto. The Undersigned further acknowledge(s) and agree(s) to be responsible for any and all property damage to or loss of Schauer Center facilities or equipment attributable to the intentional misconduct or negligence of the participant.

PHOTO/PUBLICITY RELEASE

I agree to allow photographs and video footage of me and/or my child to be taken by Schauer Center designated photographers for online and print publicity.

DROP OFF POLICY

I understand the Schauer Center's student drop-off policy is as follows: All students who are under the age of 12 must be brought and picked-up by an adult from the room where their class is held. Students 12 and older may be dropped off and picked up from the front drive.

The Undersigned acknowledges that this release and waiver has been completely read and fully understood before signed. The Undersigned, also, hereby authorizes the Schauer Center or their appointed representative to sign for care in the event emergency contacts cannot be reached.

PLEASE NOTE

Classes, times, dates, policies, and instructors are subject to change.

INITIAL _____ DATE _____