

# CRC ARTS ACADEMY INC REGISTRATION FALL 2015



## STUDENT INFORMATION

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (circle): M / F

Parent's Primary Phone #: (\_\_\_\_) \_\_\_\_\_ Primary E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

**ARTS EXPERIENCE** Has student ever had training in their area of interest? **Y / N**

If **YES**: when, what instrument, art form or type of dance, with whom?

\_\_\_\_\_

Has student ever participated in a theater production? **Y / N** If **YES**: when, what show, what role played and where:

\_\_\_\_\_

\_\_\_\_\_

## MEDICAL RELEASE:

I will be aware that my child will be participating in activities that involve movement, and may be subject to injury as a result of this participation. I will assume all risk and hazards that are incidental to the conduct of the activities. I further agree to release, absolve, indemnify, and hold harmless the CRC ARTS ACADEMY program of all legal responsibilities. This includes personal suit against individuals, representing CrossRoad Church in any official capacity.

Please list any medical needs or concerns we should be aware of:

\_\_\_\_\_

I hereby authorize the official member of the CRC ARTS ACADEMY program to obtain medical aid assistance for my child \_\_\_\_\_ in case of accident, injury, or illness that may occur while engaging in CRC ARTS ACADEMY classes and productions.

**PARENT OR GUARDIAN SIGNATURE:**

\_\_\_\_\_ DATE: \_\_\_\_\_

I have read the **CRC ARTS ACADEMY INFORMATION SHEET** and the **CRC ARTS ACADEMY FALL 2015 POLICIES** and understand and will adhere. Initials: \_\_\_\_\_

## FOR OFFICE USE ONLY:

PAID: (circle) CASH/CHECK # \_\_\_\_\_ AMT: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_ BY: \_\_\_\_\_ Initials