



# Lafayette Society for Performing Arts 2023-2024 Season Registration Form

DANCE  THEATRE  YOUNG SINGERS

Date: \_\_\_\_\_

(Please complete additional forms for specific educational programs)

Student's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
(First) (Middle) (Last)

DOB: \_\_\_/\_\_\_/\_\_\_ Age SEPT 1, 2023: \_\_\_ 2023-2024 Grade Level: \_\_\_  male  female

Student's Mobile Phone: \_\_\_\_\_ Student's Email: \_\_\_\_\_

Student's School: \_\_\_\_\_ Dismissal Time: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

### PARENT/GUARDIAN CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

### ACCOUNT HOLDER INFORMATION, IF DIFFERENT

Account Holder's Name: \_\_\_\_\_

Account Holder's Address: \_\_\_\_\_

Account Holder's Phone: \_\_\_\_\_ Account Holder's Email: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Additional persons authorized to pick-up the student: \_\_\_\_\_

Persons restricted from access to this student/account (documentation may be required):

### PAYMENT MUST ACCOMPANY REGISTRATION FORM.

The non-refundable registration fee for each student of LSPA is \$50 per year.

A Class Change/Withdrawal form must be completed by the 15<sup>th</sup> of the month to stop recurring payments/monthly invoice charges for the following month's tuition.



## Lafayette Society for Performing Arts 2023-2024 Liability/Medical Release

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

### EMERGENCY INFORMATION

Parent/Guardian: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

In a medical emergency, when parent/guardian cannot be reached, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### MEDICAL INFORMATION

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Policy Holder Date of Birth: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### STUDENT OR PARENT/GUARDIAN AGREEMENT

I, as the adult-age student or the parent/guardian of the registered, minor student, agree to abide by the rules of the Lafayette Society for Performing Arts and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with performing arts and in consideration for LSPA accepting the student for its programs and activities, I hereby release, discharge and/or otherwise indemnify LSPA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of LSPA and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

Adult Student or Parent/Legal Guardian of Minor Student (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT

As the adult student or as the parent/legal guardian of a minor participant in LSPA programs, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the student.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Lafayette Society for Performing Arts 2023-2024 Media Release

I hereby grant to the Lafayette Society for Performing Arts (LSPA) and its subsidiary organizations permission to use my likeness in a photograph, digital reproduction, or video in any and all of its official publications and publicity material, including official website entries and official Social Media pages without payment or any other consideration.

I understand that any and all photographs, digital images, or video taken by an individual in the employ of the Lafayette Society for Performing Arts are the sole and exclusive property of LSPA, which retains all rights, title, and interest in such images or photographs.

I hereby irrevocably authorize LSPA and its subsidiary organizations to edit, alter, copy, exhibit, publish, or distribute these photos or images for the purpose of publicizing LSPA or its subsidiary organizations or for any other lawful purpose. Additionally, I waive any right to inspect or approve the finished product wherein my likeness appears. Furthermore, I waive any right to royalties or other compensation for the use of my likeness.

I hereby hold harmless and release and forever discharge LSPA and its subsidiary organizations from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or the behalf of my estate may have by reason of this authorization.

\_\_\_\_\_  
Student Signature (if 18 years of age or older) \_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name (Printed) \_\_\_\_\_  
Date

Parent/Guardian, if student is a minor:

I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the forgoing on behalf of this person.

\_\_\_\_\_  
Parent or Guardian Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Parent of Guardian Printed Name \_\_\_\_\_  
Date



LAFAYETTE SOCIETY FOR PERFORMING ARTS



**Lafayette Center for Dance  
2023-2024  
Class Preferences**

Student Name: \_\_\_\_\_

Please check all that apply for your child:

- Ballet     Jazz     Tap     Contemporary Modern



**Lafayette Theatre Academy  
2023-2024  
Class Preferences**

Student Name: \_\_\_\_\_

Please check all that apply for your child:

Elementary and below:

- Acting Out (Pre-K/K, 1st)  
 Creative Dramatics (2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>)

Middle and High School:

- LTA Actors (7<sup>th</sup>-8<sup>th</sup>, 9<sup>th</sup> – 12<sup>th</sup>)



**Young Singers of West Georgia  
2023-2024  
Class Preferences**

Student Name: \_\_\_\_\_

Students in 3<sup>rd</sup> through 12<sup>th</sup> grades may join after an initial audition with the Artistic Director.

- Female     Male

Grade:

- 3<sup>rd</sup>    4<sup>th</sup>    5<sup>th</sup>    6<sup>th</sup>    7<sup>th</sup>    8<sup>th</sup>    9<sup>th</sup>    10<sup>th</sup>    11<sup>th</sup>    12<sup>th</sup>



LAFAYETTE SOCIETY FOR PERFORMING ARTS

# Lafayette Society for Performing Arts AUTOMATIC CREDIT CARD PAYMENTS

**\*ALL FIELDS ARE REQUIRED\***

**STUDENT(S) BILLED FOR THIS CARD** : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_

You authorize Lafayette Society for Performing Arts to make regularly scheduled charges to the card indicated below. You will be charged each billing period, and that charge will appear on your credit card statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

**\*\*Payments will be charged on the 1st of each month.**

**A CLASS CHANGE FORM, BY THE 15<sup>th</sup> OF THE MONTH IS REQUIRED TO STOP PAYMENT/MONTHLY INVOICE CHARGES FOR THE FOLLOWING MONTH'S TUITION.**

Auto-Credit Payment:

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV 3 or 4 -Digit Security Code: \_\_\_\_\_



I authorize payment in the amount of \$ \_\_\_\_\_ each of 10 months, for the LSPA 2023-2024 Season.

I also authorize payment of any fees (registration, costume, performance, late, merchandise) to be included. All registration, costume and performance fees are nonrefundable.

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

PRINTED NAME : \_\_\_\_\_

CARD BILLING STREET ADDRESS : \_\_\_\_\_

CARD BILLING CITY : \_\_\_\_\_

CARD BILLING STATE : \_\_\_\_\_ CARD BILLING ZIP CODE : \_\_\_\_\_

CONTACT PHONE NUMBER : \_\_\_\_\_ EMAIL : \_\_\_\_\_

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; provided the transactions correspond to the terms indicated in this authorization form.