



# Lafayette Society for Performing Arts Registration Form

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

LDA  LTA  LTO  YSWG  Other: \_\_\_\_\_

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

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade Level: \_\_\_\_ Student's Mobile Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_

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

## PARENT/GUARDIAN INFORMATION

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

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

Home Address: \_\_\_\_\_

Account Holder's Name (if different from above): \_\_\_\_\_

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

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

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

Parent's/Acct. Holder's E-mail: \_\_\_\_\_

## EMERGENCY/MEDICAL INFORMATION

List any allergies, chronic injuries, medical conditions, learning challenges, etc. that may impact the student.

\_\_\_\_\_  
\_\_\_\_\_

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

Identify two emergency contacts in the event that parents cannot be reached.

Contact: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
(Name and Phone #)

Contact: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
(Name and Phone #)

(For Office Use) Student ID: \_\_\_\_\_ Family ID: \_\_\_\_\_

## For Office Use Only

### Class Assignments

Class	Day	Teacher	Time	Hours	Monthly Tuition
<b>Totals</b>					

**Registration for each program is \$35, per student, annually.** There is a \$10 discount, per each additional fee, when registering for multiple LSPA organizations.

Performance	Fee
<b>Total Fees</b>	

Registration Fee (due: today): \_\_\_\_\_

Performance Fees (due: \_\_\_\_\_): \_\_\_\_\_

Costume Fee (due: \_\_\_\_\_): \_\_\_\_\_

Monthly Tuition Total: \_\_\_\_\_

### AUTOMATIC CREDIT CARD PAYMENTS

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 made no earlier than the 10th of each month.*

Auto-Credit Payment Credit card type:

VISA    MASTERCARD    AMX    DISCOVER    Other: \_\_\_\_\_

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

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



I authorize payment in the amount of \$ \_\_\_\_\_ each month, for the LSPA 2016-2017 Season. I also authorize the fees (indicated in the chart above) to be included in the billing cycle, following their due date.

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

NAME: \_\_\_\_\_ STUDENT: \_\_\_\_\_

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

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.

**(For Office Use)** Student ID: \_\_\_\_\_ Family ID: \_\_\_\_\_

# Lafayette Society for Performing Arts

## Liability/Medical Release

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

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

### EMERGENCY INFORMATION

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

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

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

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

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

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

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

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

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

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

Name: \_\_\_\_\_ 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): \_\_\_\_\_

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

### 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.

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

(For Office Use) Student ID: \_\_\_\_\_ Family ID: \_\_\_\_\_

# Lafayette Society for Performing Arts

## Media Release Form

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 Facebook 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, me heirs, representatives, executors, administrators, or any other persons acting on my behalf or the behalf of my estate may have are may have by reason of this authorization.

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Student Signature

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Date

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Printed Name

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Date

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.

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Parent or Guardian Signature

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Date

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Parent of Guardian Printed Name

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Date