



EAGLE
PERFORMING ARTS
CENTER

Eagle Performing Arts Center ~ Registration Form 2019 - 2020

Please check one or both boxes to indicate the correspondence each party would like to receive.

Parent(s) or Guardian Name: _____

Relationship to student: _____

Address: _____

City: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____

Employer's Name: _____

All correspondence of dancer's schedule via mail & email

All invoicing of payments required

Name of person responsible for account if different or in addition to the above.

Parent(s) or Guardian Name: _____

Relationship to student: _____

Address: _____

City: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____

Employer's Name: _____

All correspondence of dancer's schedule via mail & email

All invoicing of payments required

Are you a NEW _____ or a Returning Student _____? If new, how did you hear about EPAC? _____

Academic School Attending and Grade Level: _____

Student's Name		
Birthdate		
Enrolling in the following classes:	1)	1)
	2)	2)
Number of class hours		
Tuition payment		
Registration fee *	Non-Refundable \$30	Non-Refundable \$30
Performance fee *	Per # of Classes \$75	Per # of Classes \$75
Total per student		

* Registration fee and Performance fee due with first tuition payment.

Signature required on back of page.

Please check one: Full Term Half Term Four Payment Plan

Total Due with Registration: \$ _____

Payment Method ~ Make checks payable to: EPAC

Cash

Check # _____

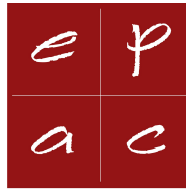
Credit Card

VISA, MasterCard, or Discover
additional **4%** transaction fee.

Card #: _____

Exp. Date: _____ VIN #: _____ Billing Zip Code: _____

Signature: _____



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MEDICAL CONSENT ~

In the event of injury, I hereby authorize the program officials of the Eagle Performing Arts Center to arrange for medical services as may be deemed reasonable and necessary to the welfare of the injured, and I do hereby release the Eagle Performing Arts Center and all others from all liability in taking such action, including all action which may be contrary to personal religious beliefs. I, the undersigned, have read this Release and Consent to medical treatment and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

LIABILITY RELEASE ~

I do hereby agree to release the Eagle Performing Arts Center and all other cooperating agencies, employees, officials, or managers thereof, from all liability for damages by reason of injuries or property damages that may be sustained as a result of participation in this program.

PHOTO RELEASE ~

I, the undersigned, hereby give Eagle Performing Arts Center, its agents, and/or assignees permission to use the photographs, videos or any reproductions of my physical likeness taken of me in any manner it deems proper. I relinquish all rights, title, and interest I may have in the finished pictures, negative, and copies. I waive the right of prior approval and hereby release Eagle Performing Arts Center, its agents, and/or assignees from any and all claims from damage of any and all kinds based on the use of said material. I hereby warrant that I am a parent or legal guardian of the subject of photography, who is under eighteen years of age, and am competent to act in his/her behalf insofar as the above is concerned.

Signature of Parent/Guardian: _____ Date: _____