



Grace Center for the Arts Family Registration Form

Family Information

Name of Parent or adult Student _____

Mailing Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email address _____

Where is your home church? _____

How did you hear about us? _____

Student's first and last name _____

Date of Birth _____ Male Female New Student

Student's first and last name _____

Date of Birth _____ Male Female New Student

Student's first and last name _____

Date of Birth _____ Male Female New Student

This registration form

Emergency and Release form (page 2)

Cooperation Statement (for students under 18)

Class or Private Lesson selection forms (one per student)

Payment

To Register for classes:

- Mail the above listed forms to:
Grace Center for the Arts
1141 Heatherstone Dr.
Fredericksburg, VA 22407
- Or drop them off at the Grace Center for the Arts office, Room 105 in Grace Church of Fredericksburg
- Make checks payable to Grace Center for the Arts
- For more information and current class schedules, see our web site at www.gracearts.org
- Questions? Email us at info@gracearts.org, or call (540) 785-2293

Persons Authorized to Pick Up Students under 18

Please list anyone providing transportation for your children. Include teen drivers who may drive themselves and/or their siblings.

Students will NOT be released to anyone other than a parent unless a parent/guardian provides written notification in person to the instructor. Once the student is released from class or lessons, he/she is no longer under the supervision of Grace Center for the Arts.

First and last name _____

Home Phone _____ Cell Phone _____

Relationship to Student _____

Emergency Medical Information

Alternate Emergency Contact (We will only call if we are unable to reach a parent or guardian)

Name _____

Phone _____

Alt. Phone _____

Physician _____

Physician's Phone _____

Medical Insurance Provider _____

Medical Insurance # _____

Releases and Waivers

TERMS: Payments for lessons and/or classes may be made by check and are due on the first of each month for private lessons and dance classes, or at the beginning of the term for other classes. Your cancelled check is your receipt. Indicate name of student on the check in lower left corner. Dance Costume fees and recital fees are due on or before October 15, or at the time of registration for late registrants. Absences are discouraged as regular progress can only be obtained by regular participation. Tuition payments guarantee studio space and time. This policy is subject to change. Complete policy is available in our handbook and at our web site.

INCLEMENT WEATHER POLICY: In case of inclement weather, Grace Center for the Arts closures will be announced on a recording at (540)785-2293 and posted on the gracearts.org website.

MODEL RELEASE: For promotional purposes, photographs and/or video may be taken at Grace Center for the Arts. Your registration constitutes permission for Grace Center for the Arts to use the above student(s)'s picture in print and electronic materials. The name of a minor student will not be released in conjunction with his/her photograph.

PARTICIPATION RELEASE: I hereby give my child(ren) listed above permission to participate in Grace Center for the Arts at Grace Church of Fredericksburg in Fredericksburg, VA. Grace Center for the Arts and Grace Church of Fredericksburg are not responsible or liable for personal items, property or clothing brought on the premises by students or their families.

MEDICAL RELEASE AND WAIVER OF LIABILITY (In case any emergency medical treatment is necessary): I, the undersigned student or parent or guardian of the minor child(ren) named on this form, have legal authority, and do hereby authorize and consent to any X-ray examination, medical or surgical diagnosis, treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the Commonwealth of Virginia Department of Health Services. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care, which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. The undersigned also assumes the primary responsibility for any costs connected with such treatment, understanding that the church insurance coverage will be secondary to their own insurance coverage. In consideration of the possible injuries, which could occur at the Grace Center for the Arts, I further release Grace Center for the Arts and Grace Church of Fredericksburg and persons connected with it, from any and all liability for any injury or damages whatsoever arising from any participation. This release form is completed and signed of my own free will with purpose of granting my child(ren) listed above permission to participate, authorizing medical treatment under any emergency circumstances in my absence, and releasing liability specifically as stated above.

Parent/Guardian Signature (or student if over 18) _____ Date _____

Printed Name _____

Medical Conditions of which we should be aware:

| Condition | Name of child to whom this applies |
|---|------------------------------------|
| Allergies (please specify) | |
| Injuries/surgeries which may affect student's participation in class | |
| Emotional/behavioral issues | |
| Persistent condition/infection | |
| Medications | |
| Diabetic/hypoglycemic | |
| Eyeglasses/contacts/hearing aids | |
| Other (please describe) | |
| Special instructions: | |



Student Cooperation Statement (for students under 18)

I understand that as a student in Grace Center for the Arts classes, I am expected to behave in an orderly manner.

I agree to the following guidelines:

- I will abide by the policies of Grace Center for the Arts and Grace Church of Fredericksburg
- I will be respectful of the leaders and other students
- I will not interfere with another's work by drawing attention to myself by inappropriate joking, noises, and action, talking at inappropriate times, or arguing
- I will maintain a pleasant attitude and will avoid complaining and whining
- I will be obedient to and cooperative with the leaders
- I understand that I may not leave the classroom without permission during or at the end of class
- I understand that the leaders are my authority during class time and that they have permission from my parents to deal with any violation of the above in the following way:

Expected behavior at class will be explained fully. The first time I disregard these instructions, I will receive a warning. Should my behavior continue, I will be instructed to sit out for a period of time determined by my instructor. My parent or guardian will be notified about the incident.

Student Signatures

For students ages 4-8,

Reviewed by:

| | |
|------------------------|--------|
| _____ | _____ |
| (Print student's name) | (date) |
| _____ | _____ |
| (Print student's name) | (date) |
| _____ | _____ |
| (Print student's name) | (date) |

For students ages 9 and up:

I agree to this cooperation statement.

| | |
|---------------------|--------|
| _____ | _____ |
| (Student signature) | (date) |
| _____ | _____ |
| (Student signature) | (date) |
| _____ | _____ |
| (Student signature) | (date) |

Parent Signature

I have reviewed this with my child(ren).

| | |
|--------------------|--------|
| _____ | _____ |
| (Parent signature) | (date) |