

REGISTRATION FORM

PERFORMING ARTS SCHOOL SPRING 2014

please print clearly

New Student Returning Student

Student's Name: _____ Sex: M F DOB: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (Home): _____ (Cell): _____

Parent Names: _____ Parent E-Mail: _____

Any medical conditions (allergies, etc.) we should be aware of?

In case of emergency, contact (name and number; parent's cell phone is fine):

Photo Release: I permit my child's images to be used in the Mayo Performing Arts Center's promotional materials (please check):

YES _____ NO _____

Name of Class	Age Group
Day/Time	Fee
Name of Class	Age Group
Day/Time	Fee
Name of Class	Age Group
Day/Time	Fee

Payment: **By Check: Please make checks payable to Mayo Performing Arts Center**
By Credit Card: Visa Master Card American Express Discover

Card Number: _____ Exp. Date: _____ CVV Code (on back): _____

Name as it appears on card: _____

Billing address (if different from home address): _____

As the parent or legal guardian of _____, I authorize Mayo Performing Arts Center (MPAC) to seek medical service in case of serious injury or illness if I am unable to be contacted. I further agree or accept financial responsibility in excess of benefits allowed by my health plan. I give my voluntary consent to his/her participation in all programs and activities provided by MPAC its principal, employees and agents. I release MPAC from any and all liability and waive as against MPAC all recourse, loss or damage, including any consequential damage or loss, claims, causes of action of any kind whatsoever arising from his/her participation in the activity. I acknowledge by their very nature, that the activities engaged in can expose participants to risks and hazards such as, but not limited to, physical injuries incurred while in class; and that I nevertheless freely and voluntarily assume all of the aforesaid risks and hazards

It is hereby understood and agreed that MPAC shall not be responsible for any theft, damage or injuries incurred during classes or on location premises. MPAC shall not be responsible for his/her care after they are released from the premises.

Registration will begin immediately and will be processed on a first come, first served basis. 10% discount for two classes or two family members; 15% discount for three classes or three family members. All classes must be paid for in full at the time of registration unless other arrangements have been made. All tuition is non-refundable one week prior to the first day of the session. All tuition payments include a non-refundable \$50 processing and registration fee. Limited scholarships available based on need.

Signature of parent or Guardian _____ Date _____

TO REGISTER: Download a registration form at mayoarts.org.

E-MAIL
If you have any questions, please email pas@mayoarts.org

FAX
(973) 455-1607
please label attn: PAS

MAIL
Performing Arts School
Mayo Performing Arts Center
100 South Street,
Morristown, NJ 07960