

Pulaski Performing Arts Center Registration Form

Name: _____

Age/Birthday: _____ Number of years at PPAC _____ New Student _____

Parents/Guardian: _____
(separated parents, please circle the parent with which the child resides)

Mailing Address: _____

Day Phone _____ Cell Phone _____

Email Address: _____

Known Illnesses or Medical Problems _____

Emergency Contact if Unable to Reach a Parent _____

Please like Pulaski Performing Arts Center on Facebook and Twitter in order to stay informed on PPAC events. A newsletter is distributed monthly. Information can also be found at www.pulaskipac.com

I agree to pay monthly class fees the first week of every month. I also understand that if my fees are paid after the 15th of the month I am to include a \$5.00 late fee. If I am a new student, I agree to pay a \$10.00 registration fee at the time of my child's new enrollment. I agree that my child is considered enrolled in classes until I inform PPAC that my child no longer wishes to take classes and that class fees will accrue until I inform PPAC of my/my child's withdrawal from classes.

Parent's Signature: _____

Waiver of Liability/Informed Consent

I _____ have enrolled my child/myself in a program of physical activity including but not limited to ballet, tap, jazz, pointe, vocal or instrumental training, or art lessons offered by Pulaski Performing Arts Center. I hereby affirm that my child/I is/am in good physical condition and does/do not suffer from any disability which would prevent or limit him/her/myself from participating in any of the above mentioned activities.

In consideration of my child's/my participation in Pulaski Performing Arts Center's activities and classes, I _____ for myself my heirs and assigns hereby release Pulaski Performing Arts Center (it's employees and owners), from any claims, demands and causes of action arising from my child's/my participation in Pulaski Performing Arts Center programs and outside activities. In addition, I release any facility (such as schools, theaters, auditoriums, churches, and the City of Pulaski used by PPAC during performances) from legal action should my child/myself come to harm while participating in PPAC related events.

I fully understand that my child/I may injure myself as a result of his/her/my participation in Pulaski Performing Arts Center's programs and I _____ hereby release Pulaski Performing Arts Center from any liability now or in the future including, but not limited to heart attacks, asthma attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, injuries to knee, lower back, foot and any other illnesses, soreness or injury however caused, occurring during, or after my child's /my participation in classes and events including, but not limited to recitals, parades, outside performances, and competitions at and related to Pulaski Performing Arts Center. I hereby affirm that I have read and fully understand the above waiver of liability and informed consent.

Parent/Guardian/Self _____

Date _____