



# Eagle Performing Arts Center Registration Form 2024 - 25

REV 01.22.2024

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

Relationship to student: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

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

Employer's Name: \_\_\_\_\_

**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: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

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

Employer's Name: \_\_\_\_\_

\_\_\_\_ NEW Student | How did you hear about EPAC? \_\_\_\_\_

\_\_\_\_ RETURNING Student

Academic School Attending and Grade Level: \_\_\_\_\_

### STUDENT #1

### STUDENT #2

Student's Name   Age		
Birthdate		
Enrolling in the following classes:	1)	1)
...	2)	2)
Number of class hours		
Tuition payment		
Registration fee	Non-Refundable \$30	Non-Refundable \$30
Recital fee (Per # of classes)	Ballet \$90 x ____ = \$_____ Tap \$50 x ____ = \$_____	Ballet \$90 x ____ = \$_____ Tap \$50 x ____ = \$_____
<b>Total per student</b>		

**Signature required on back of page.**

Please check one:  Full Term  Half Term  Quarter Term  Monthly\*\*

**Total Due with Registration:** \$ \_\_\_\_\_

- Cash  Check # \_\_\_\_\_ (Make checks payable to: **EPAC**)
- Credit Card  Auto-Pay\*\* (sign consent below) Circle one: ACH or Credit Card

**ACH** - Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

or

**Card #:** \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV #: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

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

**Parent/Guardian please INITIAL next to each consent.**

\_\_\_\_\_ MEDICAL CONSENT

In the event of injury, I hereby authorize the program officials of the Eagle Performing Arts Center, EPAC LLC 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, EPAC LLC and all others from all liability in taking such action, including all action which maybe 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, EPAC LLC and all other cooperating agencies, employees, officials, or managers thereof, from all liability for damages by reason of injures 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, EPAC LLC, 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, EPAC LLC 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.

\_\_\_\_\_ WAIVER COVID

I do hereby agree I will not hold Elizabeth Keller, Eagle Performing Arts Center, EPAC LLC or its agents employees, or representatives liable for injuries sustained or illnesses contracted by a student at the school.

\_\_\_\_\_ AUTO-PAY CONSENT\*\*

I, the undersigned, agree to allow Eagle Performing Arts Center, EPAC LLC, to withdraw my dancer(s) tuition through the QuickBooks auto-pay service.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_