

A6 Academy of the Arts Registration Form

www.A6academy.com

Class/Camp		Today's Date		
First Name (student's)		Last Name		
Street Address				
City		State	Zip Code	
Home Phone #		Cell Phone #		
Email address		School		
Age	Date of Birth	Male	Female	Grade in School
Parent/Guardian Names:				
Emergency Contact names & numbers:				
Referred by:				
Previous or current classes/camps:				
<p>Release of liability: In order for my child to participate in rehearsals, productions, classes and workshops with A6 Academy of the Arts (A6) or Family Theatre, Inc. (FTI), I agree to waive, release, hold harmless and indemnify A6 (& FTI), its owners, staff members, volunteers and other participants from any claim or legal action arising out of injury or property loss sustained, whether negligently caused or otherwise, in connection with my child's participation in A6 and FTI related activities. This waiver is intended to include injuries that may be incurred in transportation to and from events and participation in rehearsals, shows, classes, workshops and all other A6 and FTI events. I understand the risk of injury is inherent in any activity and assume all risks and hazards incident to my child's participation. My signature (parents of the registered child) below authorizes the above statements.</p> <p>Medical Release: In case of emergency, if the family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (EMT, Paramedics, First Responder, Emergency Room Personnel). Your signature below authorizes the above statements.</p> <p>Photo Release: A6 Academy and Family Theatre, Inc. have my permission to use my photo or my child's photo in the media (television, print or website) for the sole purpose of information and promotion relating to A6 and FTI.</p> <p>Student agreement: Student must respect the instructor and school or city property where the class/camp is being held.</p> <p>Parent's name: _____ Parent's signature: _____ Date: _____</p>				
Medical info: Participating Child's Name/Age:		List all known medical conditions, including food and/or drug allergies. List anything else medically important relating to A6 Academy's classes or camps.		
1.				
2.				
3.				
4.				
Physician:		Phone:	Address:	
T-shirt size: Youth XS S M L Adult S M L XL other _____ (circle one)				
Office use only	Payment form		Amount Paid	
Date Paid		Staff Initials		
Notes				

A6 Academy of the Arts Hermosa Beach, CA A6 mobile: 310-625-1926 A6academy@yahoo.com
www.A6academy.com A6 Directors: Craig & Suzanne Greely

A6 Academy mailing address: A6 Academy 831 Bayview Drive Hermosa Beach, CA 90254
A6 Academy of the Arts has a no refund policy. Please read information on website.