



ACADEMY OF
PERFORMING ARTS

Guiding Kids Toward Their Inner Star

5-STAR ACADEMY OF PERFORMING ARTS Student Registration Packet- WINTER 2019

STUDENT NAME: _____

BIRTH DATE: _____

GENDER: _____

ADDRESS: _____

PARENT NAME: _____

PARENT EMAIL: _____

PARENT PHONE NUMBER: _____

PARENT WORK NUMBER: _____

SECONDARY CONTACT NAME/RELATIONSHIP: _____

SECONDARY CONTACT NUMBER: _____

PLEASE LIST WHICH CLASS(ES) YOU ARE REGISTERING FOR:

HOW DID YOU HEAR ABOUT US:

*A non-refundable deposit of \$120 is required to register. This deposit will go towards 2 classes and \$20 in materials fee. Once registered, you will receive a confirmation email that will include additional class details.

**5-STAR THEATRICALS - 2100 Thousand Oaks Blvd., Suite B Thousand Oaks, CA 91362
Phone: (805) 497-8613 Fax: (805) 497-8121 Emai: EDUCATION@5startheatricals.com**



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PAYMENT FORM

STUDENT NAME: _____

PARENT NAME: _____

EMAIL: _____

PHONE NUMBER: _____

CREDIT CARD TYPE: _____

CREDIT CARD NUMBER: _____

CVV CODE: _____

EXPIRATION: _____

NAME ON CARD: _____

BILLING ADDRESS: _____

By completing this form, you agree that 5-Star will charge the above card a \$120 non-refundable deposit (\$100 deposit +material fee) to hold your position. Once registered, you will receive a confirmation email that will include additional class details.

Payment Options- PLEASE CIRCLE:

- 1) Full payment due on or before first class date
- 2) Monthly payment plan: Payments due on the 15th of each month. A \$6 service charge is added to each monthly payment.
- 3) If you are seeking financial assistance, please email Education@5startheatricals.com

Signature of Cardholder

Date

Print Name

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LIABILITY WAIVER FORM

To the best of my knowledge, I am in good physical condition and fully able to participate in this program. I am fully aware of the risks and hazards connected with my participation, and hereby elect to voluntarily participate. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result of participation.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE 5-Star Theatricals, their employees, or the Board of Directors (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating or while on or upon the premises where any event for this program is being conducted.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE, and CONVENTION TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the law of the State of California.

In signing this release, I acknowledge and represent that I HAVE READ THE FOREGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING BE BOUND BY SAME.

Signature

Print Name

Date

Parent's Signature (if under 18)

Parent's Print Name



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STUDENT HEALTH FORM

STUDENT NAME: _____

STUDENT ADDRESS: _____

IN CASE OF EMERGENCY, PLEASE CONTACT: _____

RELATIONSHIP TO STUDENT: _____

EMERGENCY CONTACT PHONE NUMBER: _____

EMERGENCY EMAIL: _____

HOME ADDRESS IF DIFFERENT FROM STUDENT ADDRESS: _____

ALLERGIES: _____

RESTRICTIONS: _____

MEDICAL INSURANCE INFORMATION:

COMPANY: _____

POLICY NUMBER: _____

SUBSCRIBER: _____

INSURANCE COMPANY PHONE NUMBER: _____

ADDITIONAL HEALTH HISTORY/INFORMATION: _____



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STUDENT HEALTH FORM CONTINUED...

Parent/Guardian Authorization for Health Care: This health history is correct and accurately reflects the health status of the student to whom it pertains. The person described has permission to participate in all activities except as noted by me and/or an examining physician. I give permission to the physician selected by 5-Star Theatricals to order x-rays, routine tests, and treatment related to the health of my child for emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for my child. I understand the information on this form will be shared on a “need to know” basis with 5-Star staff.

Signature of Parent/Guardian: _____

Print Name: _____

Date: _____



Photograph & Video Release Form

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published, or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording.

Photographic, audio or video recordings may be used for the following purposes:

- Social Media Content
- Website Content
- Promotional Material

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet.

There is no time limit on the validity of this release nor is there any geographic limitation n where these materials may be distributed.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for the above purposes.

Full Name _____

Email Address _____

Signature _____ Date _____

If this release is obtained from a presenter under the age of 18, then the signature of that presenter's parent or legal guardian is also required.

Parent's Signature _____ Date _____