



## Duvall Performing Arts Registration Form

Student's Name \_\_\_\_\_

Date of Birth (if under 18) \_\_\_\_\_ Grade as of Sept. 2009 \_\_\_\_\_  Male  Female

I am a new Duvall Performing Arts Student  I am a returning Duvall Performing Arts Student

Parent/Guardian (if under 18) \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Daytime/Work Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

- I give Duvall Performing Arts permission to reproduce photos or videos in which I or my child appear.
- I give Duvall Performing Arts permission for my child to go on short chaperoned trips in and around DPA (if under 18).
- I give Duvall Performing Arts permission for emergency contacts to pick-up my son/daughter (if under 18).
- My son/daughter may travel home independently (if under 18).
- I am interested in volunteering for Duvall Performing Arts.

**In case of an emergency, please call:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

If you or your child have any allergies or other health concerns, please attach a separate sheet with any information the instructor should know.

**Please read the following and sign at the bottom:**

- I understand fully that even after responsible precautions have been taken, class activities may involve hazards for which Duvall Performing Arts cannot be held responsible. In the event that I or my child become ill or injured during class, I authorize staff to seek emergency care. In signing below, I certify that I or my child am covered by health and accident insurance or Medicaid and that in the unlikely case of an accident, I will provide Duvall Performing Arts with the name of the carrier and the policy number.
- I have read, understand, and agree to comply with DPA's enrollment policies regarding: tuition payments, NSF check fees, holidays, refunds and make-up lessons.
- I release Duvall Performing Arts and its instructors, staff, employees and officers from any and all liability of any kind and nature whatsoever which may arise out of or in connection with the registrant's participation in the programs offered or use of services or facilities or the premises where Duvall Performing Arts is located. This assumption of risk and release is binding upon registrant and registrant heirs, executors, administrators, assigns and family members.
- I understand Duvall Performing Arts has the right to change schedules, instructors, policies, and/or rates at any time and it is my responsibility to come into the office/reception area to stay current on all tuition payments, information and posted changes.

**Signature (Parent/Guardian if under 18)** \_\_\_\_\_ **DATE** \_\_\_\_\_



# Duvall Performing Arts Registration Form

How did you hear about Duvall Performing Arts? \_\_\_\_\_

Email \_\_\_\_\_  Please notify me of events/programs through DPA via email

CLASS TITLE	DAY/TIME	TUITION
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Mail to:**  
**Duvall Performing Arts**  
**ATTN: Administrative Director**  
**P.O. Box 693**  
**Duvall, WA 98019**

**Hand Deliver to:**  
**Duvall Performing Arts**  
**ATTN: Administrative Director**  
**15715 Main Street**  
**Duvall, WA 98019**

- A. Please total your tuition due:** \$ \_\_\_\_\_
- B. Multiple Class/Family Discount:** —\$ \_\_\_\_\_  
(10% off two sessions. 15% off for three or more sessions)
- C. \$25.00 registration fee:** \$ \_\_\_\_\_  
(Registration Fees are yearly)
- D. Insurance Fee \$4.00 per student:** \$ \_\_\_\_\_
- E. Drop In/ Punch Card:** \$ \_\_\_\_\_  
(Single Drop In: \$15 or 10 classes \$130)
- F. Total Enclosed (A-B+C+D+E):** \$ \_\_\_\_\_

**Payment:**

Check payable to DUVALL PERFORMING ARTS

FOR OFFICE USE ONLY	Session	Payment Type	Payment Amount	Current Balance	Staff Initials
	FALL				
	WINTER				
	MID-WINTER				
	SPRING				