



Academy of Performing Arts

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apa@cableone.net • www.apaprescott.com

2011-2012 Registration (One completed per student)

Student Name: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Academic School: _____
 Date of Birth: ____/____/____
 Parent or Guardian _____ Work Phone: _____
Email Address (required): _____
 How did you hear about us? _____

Fees and Policies

REGISTRATION FEE

Annual Registration Fee: \$25 per student. 10% family discount.

GROUP CLASSES

We have group classes available for dance and drama at the following rates:

- One Class per week \$50 per month
- Two Classes per week \$90 per month
- Three Classes per week \$128 per month
- Four Classes per week..... \$160 per month
- Five Classes per week..... \$188 per month
- Unlimited Classes per week \$210 per month
 - \$10 extra per month for 1.5 hour classes
 - \$15 per class drop-in fee
 - 10% family discount

PRIVATE LESSONS

We have private and semi-private lessons available for voice, piano, guitar and dance at the following rates:

- Half hour private lesson \$25 per lesson
- Full hour private lesson..... \$40 per lesson
- Full hour semi private lesson..... \$30 per lesson per person

Tuition is due on the 1st of each month and will incur a \$20 late fee if paid after the 10th. Tuition is based on a 42 week schedule and will not be pro-rated. Cash, checks and major credit cards are acceptable forms of payment. Tuition payments are non-refundable. When changing or dropping classes please inform your instructor *and* the APA Office Manager.

Classes

Class	Day	Time

Registration Fee	\$ _____
Group Classes	\$ _____
Discount	\$ _____
Total Discounted Tuition	\$ _____
Private Lessons	\$ _____
Total included with this form	\$ _____

Liability Waiver, Emergency Medical Authorization, and Model Release

(A) I am aware that performing arts training and equipment carries risk of physical injury. On behalf of my child or ward, I expressly assume that risk and agree that the Academy of Performing Arts (APA) and its staff shall not be liable in any way for any personal injuries caused by, or arisen from, the above described activities or any activities related thereunto during attendance at APA, included but not limited to misuse of equipment and/or the students' physical conditions and limitations. (B) Further, I expressly grant APA and its employees permission to summon qualified EMT and hereby authorize any emergency treatment that may be required for my child or ward. (C) I expressly authorize APA staff to provide first aid to my child or ward for minor cuts, scrapes, sprains, etc. I stipulate that I have medical coverage. If my child or ward has allergies or special needs, they are here: _____.

(D) I hereby give APA unrestricted right and permission to take use and publish photographic and/or video images of my child or ward, without compensation, for promotion, advertising, or any other legitimate and legal purpose.

I have read this registration form, including the Liability Waiver, Emergency Medical and First Aid Authorization, Model Release, Tuition Payment and Refund Policies, and I understand all of its terms. I sign it voluntarily and with knowledge of its significance.

Signature of Parent or Guardian _____ Date: _____