

Pulaski Heights United Methodist Church
4823 Woodlawn Dr. Little Rock AR 72120
501-664-3600



Date: _____

Student Information:

Name: _____ Age: _____ Birthday: _____
 First Last

Parent/Guardian Information:

Name: _____ Phone: (____) _____ - _____
 First Last

Address: _____ Email: _____

Emergency Contact:

Name: _____ Phone: (____) _____ - _____
 First Last

Relation to Student: _____

Please check the box next to your instructor:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> LaVerne Bourgeois | <input type="checkbox"/> Melodie Breeding | <input type="checkbox"/> Trisha Freeny | <input type="checkbox"/> Susan Robbins |
| <input type="checkbox"/> Clifford Hicks | <input type="checkbox"/> Steve Hudleson | <input type="checkbox"/> Stephanie Just | <input type="checkbox"/> Nancy Wheeler |
| <input type="checkbox"/> Joanna Klett | <input type="checkbox"/> Siewlee Lim | <input type="checkbox"/> Leslie Mangiamele | <input type="checkbox"/> Crystal Graves |
| <input type="checkbox"/> Sandy McDonald | <input type="checkbox"/> Marian Payne | <input type="checkbox"/> Joann Richmond | |

Please check the box next to your instrument/class:

- | | | | |
|----------------------------------|-------------------------------------|--|--|
| <input type="checkbox"/> Piano | <input type="checkbox"/> Violin | <input type="checkbox"/> Voice | <input type="checkbox"/> Cello |
| <input type="checkbox"/> Guitar | <input type="checkbox"/> Percussion | <input type="checkbox"/> Trombone | <input type="checkbox"/> Saxophone |
| <input type="checkbox"/> Trumpet | <input type="checkbox"/> Art Class | <input type="checkbox"/> Suzuki Violin class | <input type="checkbox"/> Alexander Technique |

Number of Lessons: _____

Lesson Length: 30 Minutes 45 Minutes 1 Hour

Private Lesson Fees: Fall/Spring Semester is 16 Lessons

Registration Fee=\$25 nonrefundable

30 Minute Lessons=\$30 per lesson

45 Minute Lessons=\$45 per lesson

1 Hour Lessons=\$60 per lesson

Visual Arts Group=\$20.50 per lesson

I understand and agree to abide by the payment schedule and policies set forth by Adventures in the Arts and the AIA Board

Signature _____ Date _____

For Office Use Only

Adventures in the Arts Semester is 16 Weeks

Registration Fee (\$25.00)		\$25.00
_____ Number of Lessons x \$30.00 per 30 minute lesson	=	\$ _____
_____ Number of Lessons x \$45.00 per 45 minute lesson	=	\$ _____
_____ Number of Lessons x \$60.00 per 60 minute lesson	=	\$ _____
Visual Arts Group Fee (\$328.00)		\$ _____

TOTAL CHARGES

\$ _____

TOTAL CHARGES PAID AT REGISTRATION

\$ _____

Check # _____

Balance Due \$ _____



Adventures in the Arts

Student Supervision, Transportation and Waiver Consent Form

Supervision

I, _____ (print name), the parent or guardian of _____ (print child's name); hereby acknowledge and give my permission for _____ (print child's name) to participate in individual or small group lessons conducted by Adventures in the Arts. I understand that the lessons will consist of one or more children or youth and only one adult leader. I further understand that these lessons and rehearsals will be conducted in rooms located in Pulaski Heights United Methodist Church ("PHUMC") and that the doors might be closed during these times. I understand that I have the right to be present in the room while _____ (print child's name) is having a lesson. If I choose not to be present in the room during a lesson, I agree that such a decision will be treated as my own and made with the understanding that I do have the right to be present.

I further understand that my child is not allowed to wander through the church unsupervised regardless of whether they are in a lesson. With the exception of the room where my child participates in a lesson, access to all other PHUMC facilities is prohibited. Under no circumstances will the church be used as a playroom for unattended children. Adventures in the Arts cannot provide supervision for children left alone before or after lessons. Except as stated below regarding students with a valid driver's license, all students must be directly supervised immediately before and after their lessons unless other arrangements have been made in a writing signed by James Maase, who has sole discretion on whether to allow such other arrangements.

(Signature of Parent/Guardian)

Date _____

Transportation

I authorize my child to be picked up from their *Adventures in the Arts* lessons by the following persons (*please print*):

I authorize _____ (print child's name), who is under the age of eighteen (18) and has a valid driver's license to drive to and from their lessons at *Adventures in the Arts*.

I further authorize _____ (print child's name), who is under the age of eighteen (18) and has a valid driver's license to accompany and supervise _____ (print sibling's name) during his/her lesson.

(Signature of Parent/Guardian)

Date _____

Waiver

In consideration for my child's participation in *Adventures in the Arts*, I agree to:

1. Assume all risk to me and/or my child, and all risk of damage or loss of property directly arising out of my own or my child's participation in activities.
2. Release, discharge and waive any and all responsibility of *Adventures in the Arts* and/or PHUMC employees, agents, representatives and volunteers from and against liability for any injury including death and for damage to or loss of property which may be suffered by my child or myself directly arising out of, or in any way connected with participation in *Adventures in the Arts*.
3. Except in a case of gross negligence, indemnify and hold harmless all *Adventures in the Arts* or Pulaski Heights United Methodist Church personnel from and against all liability, claims, demands, actions, loss and damage directly arising out of my participation or my child's participation in *Adventures in the Arts*.
4. I have read this agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent of the law.

(Signature of Parent/Guardian)

Date _____