



## AUTHORIZATION, RELEASE AND ACKNOWLEDGEMENT

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

Please Print Clearly

<b>POLICIES AND LIABILITY</b>
<p><b>MAKE-UP POLICY:</b> I acknowledge that there will be no make up lessons or classes if a student misses any class(es).</p>
<p><b>STUDENT COMMITMENT:</b> Students are required to make a full year commitment as the classes are progressive and success depends on weekly development and assessment. Students who register in September are expected to remain in the program until June.</p>
<p><b>ATTENDANCE &amp; PUNCTUALITY:</b> Students are expected to be on time for class so that they will be able to participate in the necessary warm-up and do not disrupt the other students. At the discretion of the instructor, students who arrive 10 or more minutes late may have to sit out and observe the class. Students who are late or absent from class three or more times without a valid explanation may be required to meet with the Artistic Director, and depending on the circumstances, students may be asked to leave the program with no refund of fees.</p>
<p><b>REFUNDS:</b> I acknowledge that a full refund, minus the non-refundable administration fee of \$50, will be available should a student decide to withdraw before the first day of class. I further acknowledge that one month's notice must be given if a student withdraws from a class. <b>Withdrawals will not be accepted after December 31, 2010 and full payment is required.</b></p>
<p><b>FEE WAIVERS:</b> We encourage the participation of young people from all socio-economic communities. Therefore, we provide fee assistance within the limits of our resources.</p>
<p><b>PHOTO/SOUND RECORDING/VIDEO OR DVD RECORDING WAIVER:</b> By signing this form, students and their parents/guardians consent to allow photos, video/DVD or sound recording be taken during the course of the LINDBJERG ACADEMY OF PERFORMING ARTS classes or shows. Please be aware that the participant's photos and/or recordings may be used for future promotional purposes.</p>
<p><b>STUDENT INFORMATION:</b> I acknowledge that all information on this Registration Form is true and correct.</p>
<p><b>SPECIAL NEEDS:</b> Lindbjerg's programs are challenging and involve teamwork towards a final performance. Students with special needs or certain learning disabilities may require an extra volunteer. Please let us know so that we can help you with your child's needs.</p>
<p><b>MEDICAL TREATMENT:</b> In the event of an emergency, I authorize LINDBJERG ACADEMY OF PERFORMING ARTS and its staff members and contractors, to use reasonable discretion in rendering first aid and/or arranging for emergency medical care (including hospitalization) at the expense of the undersigned.</p>
<p><b>LIABILITY – WAIVER:</b> By signing this form, students and the undersigned agree to release, indemnify and hold harmless LINDBJERG ACADEMY OF PERFORMING ARTS, and their Directors, Teachers, Contractors and Employees from and against all claims of injury, damage or loss of any kind whatsoever arising out of the participation in any activities associated with LINDBJERG ACADEMY OF PERFORMING ARTS.</p>
<p><b>VOLUNTEER HOURS</b> Lindbjerg Academy asks that the student's families donate 10-15 hours of volunteer time per year. Theatre productions cannot be done without support from our families. There are many ways to help; some of them include: volunteer coordinator, sets, props, hair and make-up, stage crew, sewing and monitoring cast behaviour. We thank you in advance for satisfying this volunteer requirement and appreciate your time and talents.</p>
<p><b>COMMUNICATION</b> All communication for Lindbjerg Academy is done via e-mail. Parents must commit to checking their e-mail regularly.</p>

I have read, understood and consent to all LINDBJERG ACADEMY OF PERFORMING ARTS policies, registration form and liability wavier, this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
Parent/Guardian Name (please print clearly)

\_\_\_\_\_  
Signature