SOLON CENTER FOR THE ARTS

Art • Music • Theater • Dance

REGISTRATION FORM

PLEASE PRINT

Participant's Last Name: _____

Participant's First Name: _____ Gender: M/F

Home Phone Number: _____

Alternate Phone Number: _____

Parent/Guardian Name: _____

Parent/Guardian Email (Required): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Participant's Birth Date: _____ Age: _____

Participant's Grade: _____ School: _____

Participant's Allergies/Special Needs*: _____

_____

_____

Please indicate **all special needs so that SCA can best accommodate your child.*

EMERGENCY INFORMATION

Emergency person and number must be different than home and alternate.

Emergency Contact: _____

Phone Number: _____ Relationship: _____

Program: _____ Instructor: _____

Time of Program: _____

Start Date: _____ End Date: _____

Day(s): _____ No Class: _____

Date: _____ Total Fee: $_____ Received by: _____

Phone number SCA can reach you at to obtain payment: _____

**Please note, registration is not complete until payment is made.*

Cash:_____ Visa:_____ MC: _____ Disc: _____AmX: _____Check:# _____

OFFICE USE ONLY - TUITION PAYMENT PLAN
PRIVATE MUSIC INSTRUCTION OR DANCE PER APPROVAL

Number of lessons/classes scheduled: _____ at $_____ per ____ hour rate.

Total Tuition $_____ / _____ = Payments of $_____

1st Payment due with registration. _____ equal payments due _____

PAYMENTS ARE DUE BY THE 1ST OF EACH PAYMENT MONTH.
AFTER THE 1ST OF THE MONTH A $10.00 LATE FEE WILL BE APPLIED TO YOUR PAYMENT.

MAKE UP LESSON & REFUND POLICY To be eligible for a make up lesson (private instruction only), 24 hour notice by the student is required. Students will be allowed to one makeup from September to December, one from January to June and one from June to August with 24 hours notice. Additional makeups are at the discretion of the instructor. A $3 refund fee will be assessed on each class refund. Refunds after the class begins on the first day will be given in the amount of 50% of the registration fee. After the first day of class there is a no refund policy. Refunds are handled through the City of Solon Finance Department and may take up to 4 weeks to process.

RELEASE - In consideration of permission granted to me for my participation in a Solon Center for the Arts program and other valuable consideration, I, the undersigned, on behalf of myself, my heirs, executors, administrators and assigns, do hereby release and discharge the City of Solon, its Arts Center, its officers, employees, officials and agents, jointly and severally from any and all claims, demands, actions, judgments and executions which may arise out of my participation in a Solon Center for the Arts program. Further, in consideration of permission granted to me for my participation in a Solon Center for the Arts program, I hereby agree, on behalf of myself, my heirs, executors, administrators and assigns, to indemnify any, all or any combination of the aforesaid, jointly and severally and to hold and save harmless from and against any and all actions, claims, demands, liabilities, loss, damage or expense of whatever kind of nature, including attorney's fees, which may at any time be incurred by reason of my participating in any Solon Center for the Arts program. Solon Center for the Arts (City of Solon), its staff and faculty, are not responsible for the supervision of children who are visiting the Center while waiting for siblings/friends and are not in attendance in class. Please do not allow your children in your care to be unsupervised in the building and/or parking lot for their safety. _____ (Please initial)

Solon Center for the Arts (SCA) requires that you certify your registration form. By typing your name below, entering the date, and selecting the "I Accept" button you agree to the following: I have read, understand and fully and voluntarily consent to and agree to be bound, both myself, my heirs, executors, administrators and assigns, by the SCA "Makeup & Refund Policy" and the "Release" statement provided on the SCA Registration form. I agree to abide by the terms and conditions provided therein and adhere to all of the rules, policies and procedures of SCA. I hereby certify that all of the information provided in the SCA Registration Form is accurate and true. I hereby certify that I am 18 years of age or older, of full capacity and under no disability that would prohibit my ability to enter into a biding agreement. I am submitting this registration form on behalf of myself or I am the legal guardian of the minor listed as "Participant". By typing my name below and selecting the "I Accept" button, I am voluntarily signing this agreement electronically. I agree that my electronic signature is the legal equivalent of my manual, handwritten signature on this binding agreement. By selecting "I Accept", I consent to be legally bound by these terms and conditions.

_____ _____

Signature of Participant/Parent/Guardian if participant is under 18 years of age Date