

Chesapeake Arts Center Classes Registration Form

Spring 2012

Student Name: _____ Age: _____

Parent/Guardian (If student is under 18): _____

Address: _____

City: _____ Zip Code: _____

Primary Phone: _____ Second Phone: _____

E-Mail Address: _____

Emergency Contact: _____ Emergency Phone: _____

How did you hear about this semester's CAC education programs? _____

Become a Member Today!
 Receive discounts on class tuition and discounts on tickets to CAC events!

Please let us know if the student requires any accommodations due to a disability. Please give us 1 week notice.

Class Code	Class Title	Tuition (Regular or Member)

Payment Type:
 Cash Check #: _____
 Visa Mastercard Discover
 Credit Card #: _____
 Credit Card Exp. Date: _____


Sub-Total	
Early Registration Discount	-
Sub-Total	
ACDS Discount	-
Total Amount Enclosed	

Receive a \$10 tuition discount per class!
 Just register more than **1 week** prior to the class start date.

Fees ~ A \$10 non-refundable processing fee is included in each class tuition. 100% of tuition (less the processing fee) will be refunded if requested at least 1 week prior to the class/workshop; 50% of tuition (less the processing fee) will be refunded if requested after the first class; no refunds will be made if requested after the second class.

Cancellations ~ If a class or workshop is cancelled, students will be notified at least 3 business days prior to the first scheduled class or workshop. If you do not hear from CAC, your class will be running as scheduled. CAC reserves the right to make changes in programs, schedules, and instructors, and to cancel classes due to low enrollment.

Student Behavior Policy ~ CAC reserves the right to cancel or refuse the registration of a student in a class or workshop with no refund, if participation by the student is deemed disruptive or interferes with the learning atmosphere and enjoyment of the class/workshop.

 **Photograph Release ~** I the undersigned (DO) (DO NOT) grant CAC the right to photograph me or my child during classes and performances, and to use my or their image, photograph, silhouette and other reproductions of their physical likeness in connection with ongoing CAC publicity. I agree that I will not assert or maintain against CAC their successors, assigns and licensees, any claim, action, suit or demand of any kind or nature whatsoever, including but not limited to those grounded upon invasion of privacy, rights of publicity or other civil rights, or for any reason in connection with CAC's authorized use of my child's physical likeness for CAC publicity purposes. By my signature here I understand that I agree to the above mentioned guidelines and completely turn over all rights to the still photographs to CAC.

Release, Waiver of Liability, and Indemnity Agreement ~ I (the undersigned) hereby agree with the Chesapeake Arts Center, Inc. (CAC) to the following by affixing my signature below on this date. In connection with my participation in the CAC program ("Program"), I understand and acknowledge the nature and extent of the activities that will be involved in the Program and assume the risk inherent in such activities on behalf of myself and any minor children. I voluntarily waive any and all claims, costs, liabilities, expenses (including attorney's fees), and judgments against CAC, its directors, officers, employees, servants, subcontractors, and agents and hereby release, excuse and discharge CAC, its directors, officers, employees, servants, subcontractors and agents from all claims, costs, liabilities, expenses (including attorney's fees), and judgments which may arise out of my participation in the Program and all aspects attendant thereto. The undersigned further agrees to indemnify and hold CAC, its directors, officers, employees, servants, subcontractors, and agents harmless from any and all claims, damages, actions, liabilities, expenses (including attorney's fees) and judgments that may arise out of my participation with the Program.

Student Signature _____ Print Name _____ Date _____
 (or Parent / Guardian if Student is under 18)

Semester _____ ACDS _____ Confirm _____ ML _____ Reg _____