

Sitka Spruce Celtic Dancers Enrollment Form
NOTE: Please complete a separate application for each registrant

Student Name: _____

Parent(s) Name(s): _____

I would like to register for (circle): **Session 1** (September 11-January 22) **Session 2** (January 23-April 9)

I have participated in the Sitka Spruce Celtic Dance Program Before (circle one): Yes No

If you selected "Yes" please complete the payment portion of the application. If you selected "No" or if any of your information has changed since last school year, please complete the "Family Information" and payment portion of the application.

FAMILY INFORMATION:

Student Grade: _____ Student Birthday (MM/DD/YYYY): _____

Student Gender (circle one): Female Male

Home Address: _____

Parent 1 Email Address: _____

Parent 2 Email Address (optional): _____

Parent 1 Cell Phone: _____ Parent 2 Cell Phone (optional): _____

Parent 1 Work Phone: _____ Parent 2 Work Phone (optional): _____

Home Phone: _____

PAYMENT INFORMATION:

Session 1: All classes except Warriors: \$209.88 (includes tax); Warriors: \$314.82 (includes tax).
Suggested costume contribution (in addition to tuition): \$20

Session 2: All classes except Warriors: \$128.26 (includes tax); Warriors: \$192.39 (includes tax).
Suggested costume contribution (in addition to tuition): \$20

I would like to pay by (circle one): Check Cash Credit Card

If paying by credit card (all credit card information will be shredded after payment is made):

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____ Billing Address: _____

If paying by check or cash please attach check for tuition and optional costume fee to this application. Applications can be returned to Kris Fulton or mailed to: 110 College Dr, Suite 111, Sitka, AK 99835 or dropped off at the Sitka Fine Arts Camp Main Office

Sitka Spruce Celtic Dance Waiver and Emergency Contact Information:

Emergency Contact(s): _____

Preferred Hospital: _____

**I will do my best to contact parents/emergency contacts in the event of a sudden illness or injury before any action is taken. However, families of students are responsible for all medical costs. I will only provide minimal First Aid in the event of an injury or illness.

Parent Signature: _____

Student: _____ Date: _____

Waiver of Liability

I agree to indemnify and hold Kristine Fulton, **Sitka Spruce Celtic Dancers**, its program, staff, agents, representatives, volunteers, employees and or any person or place that holds classes, rehearsals or performances related to activities for these entities harmless for any damages incurred now, or during the term of this agreement, or in the future, from any injury of any kind resulting from my own or my children(s) participation in these programs and activities. I understand that in case of illness, injury, accident, or any other damage to my person or property while participating in these programs which may require attention by a physician and/or hospitalization; I will bear the expense personally or by insurance that I have provided for myself. Any other cost or damages resulting from my participation in these programs, such as the cost of transportation by an emergency vehicle or damages to third persons, is also to be paid by me or by my own insurance.

Parent Signature: _____

Student: _____ Date: _____

Agreement of Classroom Protocol

I understand that the accepted practice and methodology of professional dance training entails "hands on" and other forms of physical contact with instructors and other students, and that this is necessary for a student to learn at an appropriate pace. I understand that if there is currently, or ever would be, any instance where I or my children are not comfortable with any aspect of the dance instruction, I will inform the teacher, Kristine Fulton and my parent immediately.

Parent Signature: _____

Student: _____ Date: _____

Photo Release

I give permission to **Sitka Spruce Celtic Dancers** to use photos of me or my child whose name appears in this registration form in any promotional and/or fundraising efforts. I understand that photos for these purposes may be taken any time during **Sitka Spruce Celtic Dancers** activities.

Parent Signature: _____

Student: _____ Date: _____

Sitka Spruce Celtic Dancers

Kristine Fulton Director: (907) 747-4525 home (907) 738-3103 cell kfs3000@yahoo.com

PO Box 3123

Sitka, AK 99835

Witnessed: Kristine Fulton _____ Date _____

SFAC Waiver:

Sitka Fine Arts Camp and its associated year-round programs provides an intensive experience for students committed to the Arts. In order to insure that experience for all campers, we have established the following policies regarding student behavior.

Students are expected to attend and participate in all classes for which they have enrolled.

If a student is unable to attend one of their classes, they should notify the Sitka Fine Arts Camp main office prior to their class.

Courtesy in speech and action toward fellow students, faculty, counselors, volunteers, and staff is expected, encouraged, and appreciated.

Disrespectful behavior, such as stealing, cruel teasing, making fun of others is not acceptable.

Fighting, physical abuse, or threatening behavior is not tolerated.

Students are not permitted use cell phones except at authorized times.

Students are not permitted to accept rides with unauthorized drivers.

Alcohol and nonprescription drugs are not allowed anywhere/anytime. Violation of this policy will result in expulsion from Camp at the expense of the parent or guardian.

To attend the Sitka Fine Arts Camp or associated programs, it is necessary that you understand our policies and agree to follow the rules based on them. We ask a parent/guardian to sign to indicate that they also accept these policies for their student.

By signing this waiver, you are giving permission for yourself and/or your son/daughter, to participate in all activities of the Sitka Fine Arts Camp and its associated programs. As a condition of using the Sitka Fine Arts Campus facilities, the Sitka School District facilities, Sitka Sound Ocean Adventures property, the Island Institute facilities, and Sitka Sound Science Center facilities, each student must have this liability waiver in place, or they may not participate.

In the event of injury or illness of myself and/or my son/daughter during Sitka Fine Arts Camp, I accept full responsibility for payment of any expenses necessary to care for myself and/or my son/daughter. I understand I will be contacted by phone prior to the initiation of any such action, if at all possible. In addition to the emergency number which I provided to the Camp, I may list additional phone numbers on my student's application.

In the unlikely event that I and/or my son/daughter breaks a major rule, and dismissal is determined necessary by the Sitka Fine Arts Camp staff, I will be contacted by phone. I hereby agree that Sitka Fine Arts Camp can send me and/or my son/daughter home and that I will pay all transportation costs incurred.

If I and/or my son/daughter damages property of Sitka Fine Arts Camp, Sitka School District, Sitka Sound Ocean Adventures, Sitka Sound Science Center, or Island Institute, I am responsible to pay for the damages.

I understand that Sitka Fine Arts Camp reserves the right to photograph or video tape participants and their work in Camp or associated program activities for non-profit publicity or documentary purposes.

In consideration of the services Sitka Fine Arts Camp provides to me and/or my child who has chosen to attend Camp or other Sitka Fine Arts Camp programs, I the undersigned, in full recognition of the risks inherent to the activities of the Sitka Fine Arts Camp, do hereby agree to assume all associated risks and responsibilities during my and/or my child's participation. Further, I do, for myself and my heirs, successors, and personal representatives, hereby release Alaska Arts Southeast, Inc. (dba Sitka Fine Arts Camp), Sitka School District, Sitka Sound Ocean Adventures LLC., and their officers, employees and volunteer staffs, from any and all liability, loss, damage to personal property or personal injury or death resulting from my and/or my child's participation in the Sitka Fine Arts Camp program activities.

For After School Art Programs: Tuition is due in full at the time of registration.

Parent Signature: _____ Date: _____