



REGISTRATION FORM

Alaska Fine Arts Academy
 12340 Old Glenn Highway
 694-8909
www.akfinearts.org

Student Name _____
 Last Name, First Name

Complete ONE FORM PER STUDENT and submit with payment. Additional forms are available on our website. **Registration obligates a student to pay in advance for a full semester of lessons or classes whether taken or missed which are payable in full or installments at the beginning of the session.** (Registration fee is non-refundable). Exceptions include teacher absences or AFAA cancellation due to inclement weather. Full policy can be viewed online or in person by request. Late entries may be pro-rated. Student First enrollment at AFAA Previously enrolled How did you hear about AFAA? _____

Student First and Last Name: _____ Male Female
 Address _____ City: _____ ZIP: _____
 Home Phone: _____ E-mail _____ Cell Phone: _____

Unless the Alaska Fine Arts Academy is given written notice otherwise, students, upon registration, give consent for the school to take photos, audio or video footage of classes, lessons, and/or concerts without advance notice, and to publish such photos, audio and video footage, royalty-free, in its print, audio and electronic promotional efforts, including its Web site. Payment in full is due unless other payment arrangements have been made in advance of the first lesson. I agree to the terms of registration as listed and on the website of the Alaska Fine Arts Academy.

Signature: _____ Printed name: _____

Annual non-refundable Registration Fee \$35 individual/\$70 family

Amount Paid/Enclosed _____ Date: _____ (Cash payments must be in person)

OFFICE USE ONLY

PAYMENTS		SCHEDULING	
Payment Date:	First Lesson/Class Date	Teacher/Class	
Check/Credit/Cash:	Day	Time	
Registration Total:	Length	Instrument	
Lessons or Classes Total:	Date/Student Confirmed	Date/Teacher Confirmed	
Accepted by:	Notes:		

Termination: To terminate lessons the AFAA requires 30 day written notification.

MEDICAL and LIABILITY RELEASE

Each participant recognizes the possibility of injuries resulting from participation in activities associated with the Alaska Fine Arts Academy. It is the intent of the undersigned, by executing this document, to waive, release, and hold harmless the Alaska Fine Arts Academy, its staff, instructors, volunteers and/or board members from any and all liability for any injuries or damages sustained by the above named participant(s), arising out of, in connection with, or resulting from participation in any activity or function sponsored by the Alaska Fine Arts Academy. I absolve and hold harmless the Alaska Fine Arts Academy; its staff, volunteers, and/ or Board of Directors from any liability which may result from my participation or from any minor in my legal custody. The undersigned hereby consents to emergency medical treatment, hospitalization, or other medical treatment as needed for the welfare of the above named participant by a physician, qualified nurse, and/or hospital in the event of injury or illness while participating in the event. In that regard as the above named participant(s), I release the Alaska Fine Arts Academy, its staff, instructors, volunteers and/or board members, from any and all liability arising out of, in connection with, or resulting from such medical treatment.

Signature: _____ Printed name: _____