



REGISTRATION FORM student: _____

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

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 at AFAA

How did you hear about AFAA? _____

Student First and Last Name: _____ Male Female
 Address _____ City: _____ ZIP: _____
 Home Phone: _____ E-mail _____
 (adult students only) Cell Phone: _____

Parent/Guardian(s) of students under age 18:
 (1) Parent/Guardian First & Last Name: _____ Relationship to Student _____
 Cell phone: _____ Work phone: _____ E-mail: _____

Parent/Guardian(s) of students under age 18:
 (2) Parent/Guardian First & Last Name: _____ Relationship to Student _____
 Cell phone: _____ Work phone: _____ E-mail: _____

Unless the Alaska Fine Arts Academy is given written notice otherwise, parents, students, and/or guardians, 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: Individual \$35.00, Family \$70.00 **Payable in Full October 1**
 (Prorated Individual: January-March \$27, April-June \$18, July-September \$9 Prorated Family: J-M \$54, A-J \$36, J-S \$18)
Homeschoolers who wish for AFAA to bill annual registration fee to their charter school directly: *Payable in Full October 1*
 Individual \$65.00 Family \$100.00 (Prorated Individual: J-M \$51, A-J \$34, J-S \$17 Prorated Family: J-M \$75, A-J \$50, J-S \$25)
Summer Program Registration fee: Individual \$25.00 Family \$50.00
 (AFAA patrons with current Annual Registration are exempt from the Summer Program Registration fee)
Recital Fee: \$25 per semester – Payable at beginning of semester.

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.



REGISTRATION FORM

Student First and Last Name: _____

MEDICAL and LIABILITY RELEASE

Each participant, individually or through his/her parent/guardian, 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, and 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, or Board of Directors from any liability which may result from my participation or from any minor in my legal custody. Additionally, I understand the Alaska Fine Arts Academy has no obligation to supervise my children and I release its employees, volunteers and Board of Directors from any liability resulting from any lack of supervision, prior to or at the completion of any AFAA activity.

Further, if the participant is a minor, 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 parent/guardian of the above named participant(s), I release the Alaska Fine Arts Academy, its staff, instructors, and board members, from any and all liability arising out of, in connection with, or resulting from such medical treatment.

(Signature of Parent or Guardian) Print name here: _____ (Date)

PAYMENT AGREEMENT

I agree that all lessons registered for at the Alaska Fine Arts Academy are my responsibility as the parent or guardian. I, and not the school district, am paying the AFAA for any services. Any financial arrangements made with any homeschool, charter school or school district does not release me of or from this responsibility. Should there be any reason that the Alaska Fine Arts Academy does not receive payment in full, I remain solely responsible and will make timely payment on said account.

(Signature of Parent or Guardian) Print name here: _____ (Date)

PUBLICITY RELEASE

Students involved in instruction at the AFAA, may be photographed and/ or videographed and such media may be used for education purposes, and to publicize programs at the Alaska Fine Arts Academy. I permit the use of any such photos of my family (or guardians of the minor) and my child (or student).

(Signature of Parent or Guardian) Print name here: _____ (Date)