

REGISTRATION FORM 2018-2019



Account Holder

Parent/Legal Guardian/Student - must be 18 years of age or older)

First Name: _____ Last Name: _____

E-Mail (primary form of communication): _____

Cell Phone: _____ Home Phone: _____

Mailing Address: _____

Birthday (month, day, year): _____

Secondary Caregiver/Emergency Contact

First Name: _____ Last Name: _____

E-Mail (optional): _____

Cell Phone: _____ Home Phone: _____

Contact me regarding notifications and updates:

Membership - \$25.00

Membership is open to any individual interested in furthering the objectives of the Foundation. Each member in good standing is entitled to one vote on all motions proposed at the Annual General Meeting and at any Special Meeting. Membership entitles all family members associated with the Account Holder to enrol in our full-term and 8 week programs. Members also have access to reduced costs for workshops and events, and will receive access to extended discounts for future programming. There are many opportunities and rewards throughout the year. Memberships expire annually on July 31 of each fiscal year end. Members interested in becoming a Director will be provided with further information by request. Volunteering and fundraising are required based on program durations.

Signature of Account Holder _____ Date _____

Note:

We accept Jumpstart and KidSport programs!

Freedom of Information and Protection of Privacy Act

- I/we hereby acknowledge and agree that the information requested on these registration forms was provided by me and will be used by the St. Paul and District Arts Foundation Board, its programs, and/or Instructors to contact me regarding matters related to my/my child/ren’s classes, rehearsals, and performances. I/we acknowledge that I/we may advise the Foundation in writing that I/we do not wish this information to be used in any way, however this may result in my/our not being informed of matters relating to my/my child/ren’s classes, rehearsals and performances.
- I/we hereby acknowledge and agree that my/my child/ren’s name, photo and or likeness may appear in print or video material the St. Paul and District Arts Foundation/its programs may sell and/or use in advertising. I/we also acknowledge that I/we may request my/my child/ren’s name, photo and/or likeness not be used but such a request may result in my/my child/ren’s exclusion from events that could result in their name and/or likeness being used.
- I/we hereby agree that the above waiver is intended to meet whatever requirements may be in existence pursuant to the Freedom of Information and Protection of Privacy Act.

_____ (initial)

Waiver and Release - St. Paul and District Arts Foundation

Assumption of Risk

In consideration of my/my child/ren being allowed to participate in the St. Paul & District Arts Foundation programs and related facilities, I/we hereby agree and acknowledge the following:

1. Assumptions of risk – I/we hereby acknowledge, accept and agree that participating involves inherent risks. I/we have received full information and opportunity to see the building/studio and ask any questions that I/we wished. I/we have full knowledge of the nature and extent of all the risks associated with participating.
2. Release – I/we hereby release and discharge the St. Paul and District Arts Foundation, it’s owners, affiliates, agents and employees and their successors and assigns, from any and all liabilities, suits, claims and demand actions or damages (including Attorney’s fees and disbursements) incurred by me/my child/ren arising out of participation in the building, including, without limitation, all claims for property damage, personal injury, or wrongful death, except to the extent that such loss or damages are caused by or resulting from the gross negligence of any such party.

This release is binding upon my heirs, assigns and agents.

_____ (initial)

Indemnification

I/we hereby agree to indemnify and hold harmless St. Paul and District Arts Foundation, it’s owners, affiliates, agents and employees and their successors and assigns from any and all cause of actions, claims, demand losses, and costs of any nature whatever arising out of or in any way relating to my participation in the building, except to the extent that the same is caused by or results from gross negligence of any such party. This indemnification is binding upon my heirs, assigns and agents.

_____ (initial)

Agreement to follow Code of Conduct and Studio Policies of the St. Paul & District Arts Foundation

I/we accept full responsibility for my/our own safety while participating in the St. Paul & District Arts Foundation. I/we agree to abide by and enforce all policies.

1. All guests and students must be familiar with the St. Paul & District Arts Foundation policies, and must have signed and filed this form with the St. Paul and District Arts Foundation to be allowed to participate in the Foundation’s activities.
2. As part of this agreement, my consideration and participation in St. Paul & District Arts Foundation activities, I/we acknowledge with the following signature that I/we have read and agree to abide by the terms of this waiver.

_____ (initial)

Signature of Account Holder _____ Date _____