Student Information:

		Building Academic Success by Investingin the Ar			
Last Name	Crada	_			
Gender: M F D.O.B	Age: Grade:	<u> </u>			
Cultural Ethnicity: (Optional) AA H	W Other				
Site Location:		(Check All That Apply)			
(School/Location Name)	iPerform: Afterschool Acade GoTumble Pre-Academy (ages 3-7)	Tier Level Training Program			
ose all that apply: Interested in Theater Dance	Music Voice <u>Voice Range</u> :	Soprano Alto Bass/Baritone			
ious Performing Arts Experience(s):					
		ress			
Parent/Guardian Name:	E-Mail Addı	ress			
Phone Number:					
Address:	City:	State: Zip Code:			
Emergency contact name:	Emergency p	hone number:			
Laive normission for	to s				
understand that she/he will attend this activity good behavior and active involvement in proj mental nature. ASET Academy of Performin employees are not responsible or liable in employee, or guest) or any personal propert organization personnel to act for me in any	on a programming day. I underst ect activities. I understand that t g Arts., its officers, trustees, m any manner whatsoever for any lost, damaged or stolen in con emergency, accident or illness	attend ASET Academy of Performing Arts. <i>l</i> and that his/her participation depends upon his/her his activity is a voluntary activity of a physical and embers or its faculty, volunteers, interns, agents or y injuries sustained by any participant (student, mection with the Academy Programs. I authorize and release ASET Academy of Performing Arts, eers from any liability or claims out of or in any way			
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PLEASE NOTE:

- 1. Our application process requires a \$50.00 fee that must be received with this application. Payments can be made in cash or money order.
- 2. We begin accepting applications March 1st for the Summer Program and July 1st for After School programming. Enrollment beginning the Fall of the upcoming school year. All other programs have a rolling registration based available openings.

CONSENT AND RELEASE FOR USE of LIKENESS of Minor Child or Children

Effective as of the date shown below, approval for past use and permission for present and future use is being granted to ASET Academy of Performing Arts (E-mail address: Admin@ASETAcademy.org), to use a photo or other image of below stated minor child or children.

Permission is being given by the l					Guardian of
Photographed Party"), as more fully authorized to sign this Conse			ie undersigned	is the legal adult a	guardian anc
For a valuable consideration, rec Performing Arts its agents, empl (collectively, the "Released Part use and publish the photographed Likeness" > that has been (or	oyees, volunteers, licensed y") all ownership rights and likeness of below stated of	es, contractors, partn nd the absolute and b children (the	ers, board men irrevocable rig	nbers and successo	ors in interes
The Likeness may be copyright works, and in any medium (including full purpose, including witho publication.	uding without limitation, p	orint publications, pu	ıblic broadcast	, CD-ROM format	t) and for any
The undersigned represents and Likeness, and (ii) no other party' Party under this Consent and Rele	s authorization or consent				
The undersigned waives any rig Likeness, or the advertising cop Likeness. The undersigned relection for libel, slander, invasion Likeness (collectively, "Claims alteration, optical illusion, digitaname, that may occur or be produced."	by or printed matter that rases the Released Party (an of privacy, infringement "). The release includes all alteration, use in composite the privacy of the	may be used in connand all persons actin of copyright or right without limitation abosite form, whether	nection with the neg under its per tof publicity, cany Claims raintentional or	e use and/or public ermission or author or any other claim related to blurring	cation of the rity) from all related to the g, distortion
THE UNDERSIGNED WARELEASE PRIOR TO TUNDERSTANDS IT, AND RELEASE.	THE SIGNING OF	THIS DOCUM	ENT, THA	T THE UNDI	ERSIGNED
Authorization:	· Signature of Legal G	uardian:			
Date:	Street Address:				
	City:		State:	Zip:	
	Relationship to Child	Iren:			
Name & Ages of Photograph	hed Minor Child(ren):]	Name:			Age:
		N			

Parent Pick Up List

To better ensure the safety of your student, we are asking that all parent/guardians fill out a Pick-Up Release Form. We realize that there may be times when someone other than yourself may have to pick up your student at school and you were unable to send a note or call to notify us. If we do not

know the person coming into pick up your student we will ask for proper identification. If the person coming in is not on the list, we will not release your student to that person. We still ask that, if possible, you write a note or call us if someone other than yourself will be picking up your student.

If this form is not returned, we will not release your student to anyone other than the parent/guardian.

If you have any questions, please email: Admin@ASETAcademy.org

Name of All Persons on Pick Up List	Relationship to Child	
Ex. Mary Smith	Neighbor	
1.		
2.		
3,		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

ASET Academy Medical Forms

Child's Name:	DateofBirth:
ParentName:	PhoneNumber:
appropriate. Iunderstand that every effort will be mattention for my child. However, if I cannot be reach	ainedin Firstaid/CPR togive mychildfirstaid/CPR when ladetocontact me in the event of an emergency requiring medical hed, I hereby authorize the program to transport mychild to theand to secure necessary medica
	Phone Number:
Location/Address:	
Child's Allergies:	
Chronic Health Conditions:	
Current Medication Taken:	
Insurance information (optional): Company Nan Policy #	ne:
PARENT SIGNATURE:	
	DATE: