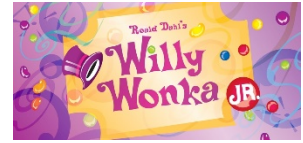




2024 Registration Form



Student Name _____

Date of Birth (mm/dd/yyyy) _____ Gender or Preferred Pronouns _____ Current Age _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Student's Cell Phone _____

Student's E-mail _____

Current School (Spring 2024) _____ Last Grade Completed (Spring 2024) _____

Next School (Fall 2024) _____

T-shirt size (check one): Adult: XS S M L XL XXL XXXL

Living with (check all that apply): Mother Father Both Other _____

Parent or Guardian 1 - Check Relationship and Print Name:

Mother Father Stepmother Stepfather Guardian | Name: _____

Address (if different than above) _____

Work Phone _____ Home Phone _____ Cell Phone _____

E-mail _____

Parent or Guardian 2 - Check Relationship and Print Name:

Mother Father Stepmother Stepfather Guardian | Name: _____

Address (if different than above) _____

Work Phone _____ Home Phone _____ Cell Phone _____

E-mail _____

Emergency contact:

In an emergency if unable to contact parent/guardian, contact:

Name _____ Relationship _____

Day Phone _____ Evening Phone (if different than day phone) _____

Medical Information

Any medical issues we need to be aware of?

Any allergies (food or environment)?

Does the student carry an epi-pen? Yes No

Any social, emotional, behavioral, or physical needs:

Please note your preferred clinic/hospital system:

Fee Payment

Program Fee \$375.00 per participant

Payment Options (please check one):

- Option 1:** Fee payment of \$375.00 in FULL with completed registration form.
- Option 2:** Choose a payment plan:
 - \$200.00 down payment with registration form. 1 payment of \$175.00 due May 15, 2024
 - \$125.00 down payment with registration form. 2 payments of \$125.00 due April 15, 2024 and May 15, 2024
- Option 3:** Financial Aid application enclosed with registration and a minimum fee of \$25.00 must be included for consideration.

Make check/money order payable to **Summer Arts Intensive**

Mail completed registration form along with payment to: Kerry Horst
Summer Arts Intensive
417 28th Ave N, #1
Fargo, ND 58102

No refunds will be made for early withdrawals or expulsion for disciplinary reasons.

PARENT/GUARDIAN SIGNATURE REQUIRED

Liability Waiver: I understand that if my child/I should be injured, I will be responsible for all medical expenses. I further understand that an employee or volunteer has no personal liability unless he or she has acted recklessly, wantonly, or intentionally to injure my child.

Registration Fees: I agree to pay the registration in full (unless funded through financial aid). Students not completing payment by the first rehearsal will not be allowed to participate until all financial obligations are completed.

Media Release Statement. My signature below grants consent to Summer Arts Intensive for the use of media images, including but not limited to photographs, film, digital images and video, interviews, and survey responses involving my child/myself for publicity and marketing purposes for the organization. These may appear in, but are not limited to, publications, presentations, advertisements, websites, or media showings of programs and performances.

Parent/Guardian Signature

Date