

We are so excited to have you as part of our performing arts family!

It is the student's responsibility to maintain regular attendance and to abide by the rules and regulations of ARTS CENTER OF ST. CHARLES and the venue.

By registering, the student/parent/guardian states: ARTS CENTER OF ST. CHARLES and the venue will not be responsible in any way to those who fail to attend their regularly scheduled sessions. No refunds will be issued due to absences or failure to attend the program. All Directors are professionals in their field and because of this, schedule changes may occur.

By enrolling, the Cast Member/Student and Parent/Guardian states: "I do not have any conditions which would limit my participation in the program. I hereby assume all risk of injury and damage resulting from my participation at ARTS CENTER OF ST. CHARLES, and I hereby release ARTS CENTER OF ST. CHARLES and their representatives of and from all claims resulting from any personal injury or damage which I may sustain as a result of my training. I hereby authorize, in perpetuity, ARTS CENTER OF ST. CHARLES and its assignees to use my photograph(s), video(s) and/or attributed testimonials in the promotion of the ARTS CENTER OF ST. CHARLES."

ARTS CENTER OF ST. CHARLES will charge a \$50.00 fee if a check, negotiable order of withdrawal, or share draft is returned for insufficient funds. If this debt is referred for collection to any 3rd party, not a salaried employee, ARTS CENTER OF ST. CHARLES shall be entitled to collect all reasonable costs and expenses of collection, including, but not limited to, court costs and reasonable attorney's fees if permitted by law.

I understand there are no refunds for any reason unless the class/production is cancelled by ARTS CENTER OF ST. CHARLES.

NOTICE TO STUDENT/CAST MEMBER/PARENT/GUARDIAN:

By enrolling, the Student/Cast Member/Parent/Guardian states: "I have read this Agreement and fully understand and agree to its content." **Please initial here** _____

Checks should be made payable to **ARTS CENTER OF ST. CHARLES**. Please complete other side and mail with payment to:

Tracy Whiteside

Arts Center of St. Charles

4N572 Campton Crossings Drive

St. Charles, IL 60175

SHOW OR CLASS _____

Student's Name _____ Age _____

Student's Date of Birth _____ Grade _____ Home Phone _____

Parent/Guardian Name(s) _____

Address _____

City _____ State _____ Zip _____

Mother's Cell _____ Father's Cell _____

Mother's E-mail Address _____

Father's E-mail Address _____

Student's Cell Phone _____

Student's E-mail Address _____

Additional information or Comments _____

An email confirmation will be sent upon receipt of this form and payment. Thanks!!

www.ArtsCenterSTC.org

630-234-9506

info@ArtsCenterSTC.org