



# Enrollment Form

## STUDENT INFO

Student Name \_\_\_\_\_ Age \_\_\_\_\_

Parent name if student is under 18 \_\_\_\_\_

Email\* (\*Primary means of communication) \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**COURSE(S) SELECTED:** Winter/Summer/Fall/Spring  
(50% deposit minimum required to register)

Course # & Course Name \_\_\_\_\_ Tuition Amount \_\_\_\_\_

Course # & Course Name \_\_\_\_\_ Tuition Amount \_\_\_\_\_

Course # & Course Name \_\_\_\_\_ Tuition Amount \_\_\_\_\_

Code \_\_\_\_\_ Total Tuition \_\_\_\_\_

## PAYMENT

STUDENT IS PAYING VIA:

\_\_\_\_ Credit Card \_\_\_\_ Check \_\_\_\_ Cash \_\_\_\_ Summit

Card # (Visa, MC, Amex, Discover) \_\_\_\_\_

Expiration Date (MM/YY) \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_

STUDENT IS APPLYING FOR SCHOLARSHIP

\*Please attach application

## REFER QUESTIONS TO:

Lennie Dean, Education Associate

Phone: 707 523-4185 ext. 122

Email: education@6thStreetplayhouse.com

6thStreetplayhouse.com

## POLICIES

You will receive confirmation of enrollment within one week.

Cancellation Policy: Refunds are available if cancellation notice is received in writing by the second class. A \$35.00 processing fee will be applied to defer costs plus prorate for classes attended.

## WAIVER AND RELEASE OF LIABILITY

1. I understand that performing arts like any endeavor creates risk and the possibility of injury from minor to catastrophic or even death. The risk of harm may be limited by the knowledge, training and diligence of the teachers and facilitators but never eliminated. I am voluntarily allowing the participation of the student named above in this activity with knowledge of the risks involved and hereby agree to accept any and all responsibilities.

2. I hereby release 6th Street Playhouse located at 52 West 6th Street, Santa Rosa, CA 95401 and their teachers and facilitators from any and all present and future claims resulting from ordinary negligence on the part of 6th Street Playhouse for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instruction in performing arts, dance or any activities incidental thereto.

3. I hereby release permission to 6th Street Playhouse and its agents or its employees to use photographs, sound recordings and video recording for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. Furthermore 6th Street Playhouse will have the right to use my name and likeness, as well as any photographs or biographical information provided, for the purpose of publicizing, promoting and advertising the 6th Street Playhouse and its productions.

By checking this box I am agreeing that I read and understand the policies, terms of waiver and release of liability stated above.

DATE \_\_\_\_\_ PARENT/STUDENT SIGNATURE \_\_\_\_\_

## EMERGENCY INFORMATION

Emergency Contact \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Please list any health concerns or other disabilities that should be known: \_\_\_\_\_

## TO ENROLL:

- 1) Fill out all information on this page.
- 2) If applying for scholarship, fill out form and include with this page.
- 3) Send in this page only or both forms via one of the following:

## EMAIL TO:

education@6thstreetplayhouse.com

## OR MAIL TO:

6th Street Playhouse  
52 West 6th Street,  
Santa Rosa, CA 95401

## OR FAX/SCAN TO:

707 523-3544