

KOS CLASS/CAMP REGISTRATION FORM

POLICIES: Please read carefully. Thank you!

Payment: Mail in a **\$100.00 deposit** in order to order reserve your spot. Payment in full is required BEFORE the session begins. *Deposits are non-refundable and transferable. Students may not attend a program without payment. There is a \$25.00 charge for late payments or returned checks.*

Enrollment: Early enrollment is encouraged as class spaces are limited. Minimum of students is required for a class or camp. Students are required to enroll for the entire session. A student may join class after a session has begun if there is availability.

Student Absences: No refunds or prorates for student absences.

Refunds: Refunds will be given only if a student cancels BEFORE the session begins minus the \$100 deposit.

Cancellations: KOS reserves the right to cancel a class if enrollment is insufficient (early enrollment helps assure class availability). Refunds will be prorated.

Fill in registration form completely and neatly. Thank you!

Please note every class and camp has a different fee. Please refer to the schedule for the correct amount.

Date: _____

PARENT/GUARDIAN _____

Address _____ City _____ Zip _____

Home Phone _____ Cell or Other Phone _____

Email Address _____

PARENT/GUARDIAN _____

Address _____ City _____ Zip _____

Home Phone _____ Cell or Other Phone _____

Email Address _____

PLAYER 1: Name _____ Age ____ Birth date _____ New [] Return []

Class: Fall Winter Spring Class Location/Time: _____ \$ _____

Camp: Winter Spring Summer Camp Name: _____ \$ _____

Material Fee per player, per program: \$ 30.00

PLAYER 2: Name _____ Age ____ Birth date _____ New [] Return []

Class: Fall Winter Spring Class Location/Time: _____ \$ _____

Camp: Winter Spring Summer Camp Name: _____ \$ _____

Material Fee per player, per program: \$ 30.00

TOTAL ENCLOSED: \$ _____

Waiver:

In consideration with the applicant's participation in the above activity, I waive and release all claims for damages, death, person injury, or property damage that may occur as a result of engaging in that activity. This discharges in advance Kids On Stage, Inc., it's employees and other agents for liability. I know that this activity involves a risk of accident and I willingly assume the risk. This waiver, release and assumption of risk are binding on my heirs and assigns. I hereby release and hold harmless Kids On Stage, Inc, it's instructors and employees for any claims. I give permission for any medical care that the leaders of the above deem necessary.

I hereby consent to the photographing, recording or reproduction of any other manner of the likeness, voice and or activities of my child and further authorize Kids On Stage, Inc. to make unlimited use of reproductions. I understand I will not receive any monetary compensation, now or in the future of participating.

I have read and understand all the policies:

Parent Signature: _____ Date: _____

Where did you hear about Kids On Stage?

Referred by _____ School/Store Flyer (where) _____

LA Parent Magazine _____ Family Magazine _____

Web site _____ Fair (where) _____

Other _____

Comments: _____

Please mail in reg form and your \$100.00 deposit to:

Reminder: Please write name of the child and date of party in the memo area.

KIDS ON STAGE, INC.

P.O. Box 3664
Santa Monica, CA 90408-3664

310-314-0035 Phone
310-581-9331 Fax

For office use only: check# _____ date received _____ Confirmed receipt _____