



Welcome to Urban Stage, a Christian arts education program of Arts in Action. This year we are blessed to offer a Dance Class for Girls and a Drum Class for Boys.

Our program is free; however, it does require a commitment of time and enthusiasm. As you consider registering your student for Urban Stage, please be sure they are interested in participating and that they will regularly attend.

In order to provide the best learning environment for all students, we do have class rules, which we ask for you to review with your child.

- ❖ Be respectful to the teachers and other students.
- ❖ Be a good listener, follow directions, and participate.
- ❖ Do not use inappropriate words or motions.

If a student misses three consecutive classes without a doctor's excuse or does not follow the rules, they will lose the privilege to be in the program.

We hope to begin classes September 6 and continue each Wednesday through the school year, with an end of the year program mid-May.

Please return your student's registration to the Bob Burdette Center as soon as possible so that your child will be included.

No registrations will be accepted after September 30.



Arts in Action Fall Registration Form 2023-2024 Season

We are very excited to begin our 16th year serving your child through the arts! Research has proven that arts education impacts a child in all seven areas of wellness while improving their capacity to learn. Please complete this registration form and waiver completely for your child to participate in the dance or the drum program.

PLEASE WRITE IN THE CLASS OR CLASSES THAT YOU WILL BE TAKING. _____

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY. IF THERE IS A SECTION THAT DOES NOT APPLY, PLEASE WRITE "NONE" OR "N/A". THANK YOU!

Student's Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email of Student: _____ Student Cell (if applicable): _____

Sex: M _____ F _____ Birthday _____ Age _____ T-Shirt Size _____

Lives with: Mother _____ Father _____ Both _____ Other _____ Specify: _____

School _____ Grade _____ County _____

Race: White _____ African/American _____ Asian _____ Hispanic _____ Other _____ (This information is requested for the purpose of reporting on grant applications.)

Please complete for the person we should contact if reference to performances, etc. Information for Father, Mother, or Guardian (Circle One)

Name _____ Relationship to the student _____

Address _____ City _____ Zip _____

Phone:
HOME _____

MOBILE _____

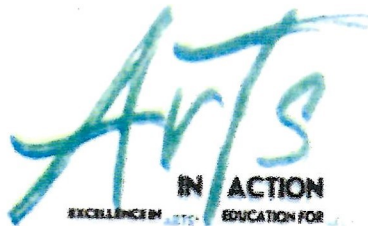
WORK IN CASE OF AN EMERGENCY _____

Email address _____

Employer _____ **Occupation** _____

Position Held _____

PLEASE COMPLETE THE WAIVER ON THE BACK NEXT PAGE OF THIS FORM.



www.artsinactionwv.org

2658 Main Street Hurricane, West Virginia 25526

WAIVER OF LIABILITY

The following must be signed by the participant and or in the case of a minor, by their parent or legal guardian.

I, For myself, my executor, my administrator, my heirs, and assigns, do hereby release and discharge Arts in Action, Inc., and Bob Burdette Center, including the board of directors, agents, instructors, each director of each program, volunteers, choreographers, employees, and who supervises a class or event from any and all claims for personal injury, damages, demands, or actions, whatsoever in any manner or growing out of participation in any Arts in Action, Inc. program or activity. I attest and verify that I have full knowledge of the risks in the programs or events offered by Arts in Action, Inc.

I hereby give permission for the participant to travel to and from any/all destinations involving the Arts in Action, Inc. programs. I understand that the driver, vehicle owner, Arts in Action, Inc. faculty/staff, or volunteers involved in the program are not responsible for any injury/damages which may be incurred on said trip, and in consideration for providing transportation, I agree to hold Arts in Action, Inc. faculty/staff/volunteers, as well as the drivers and owners of the vehicles transporting the participants, harmless from claims for injury or damages occurring during said trip.

I, being the parent/legal guardian of the participant, a minor, do hereby appoint Arts in Action, Inc. to act on my behalf, in the event that I cannot be contacted, to authorize or refuse necessary minor medical treatment or emergency major medical treatment while participating in an Arts in Action, Inc. program. I understand that I will be responsible for the payment of all costs incurred incident to such treatment. I will not hold Arts in Action, Inc. in any way responsible for accidents and/or injury to the child that are wholly or in part resulting from facilities, acts, or omissions not directly managed by Arts in Action, Inc or the Arts in Action, Inc. faculty/staff/volunteers.

I hereby consent that any photographs and videos in which the below named individual appears while in an Arts in Action, Inc. activity may be used by Arts in Action, Inc. and any of its ministries for promotional and informational use, and for personal souvenir or keepsake memorabilia.

I state that I am the parent or legal guardian of the minor whose name appears below. I understand that the above terms and conditions apply to the said minor and to myself. I understand that the minor will not be able to participate in any Arts in Action, Inc. activities without my consent into this agreement. This document is binding on myself, the said minor and any person suing on behalf of said minor.

In addition, I have read, agree, and understand the policies, regulations, and guidelines.

(PLEASE PRINT)

Name of Participant: _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Name of Parent or Guardian: _____

Signature of Parent/Guardian or Participant (Over 21): _____

Date _____ Witness Signature _____

EMERGENCY INFORMATION: If parents cannot be reached, please notify:

Name _____ Phone _____

Allergies (if none, please write NONE): _____

Please list any special health problems and/or all medications currently being used.