

**Village Productions/Tri-PAC**  
**2009-10 Group Instruction Registration Form**  
P.O. Box 1325, 245 E. High Street, Pottstown, PA 19464  
610.970.1199; www.tripac.org

Continuing Village Productions Student

New Village Productions Student

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (including zip): \_\_\_\_\_

Email: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Ethnicity (optional, but helps us know our student population): \_\_\_\_\_

**If Under 18:** Birthdate (include year): \_\_\_\_\_ Current Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent/Guardian (if under 18): \_\_\_\_\_ Phone: \_\_\_\_\_

Email (if different from above): \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**CLASS SELECTION**

**Group Class 1:** \_\_\_\_\_

Class Fee: \$ \_\_\_\_\_ Materials Fee: \$ \_\_\_\_\_ Day/Time of Class: \_\_\_\_\_

**Group Class 2:** \_\_\_\_\_

Class Fee: \$ \_\_\_\_\_ Materials Fee: \$ \_\_\_\_\_ Day/Time of Class: \_\_\_\_\_

**Group Class 3:** \_\_\_\_\_

Class Fee: \$ \_\_\_\_\_ Materials Fee: \$ \_\_\_\_\_ Day/Time of Class: \_\_\_\_\_

**TUITION AND PAYMENT:** Please see our Registration Policies and Procedures at [www.tripac.org](http://www.tripac.org). For group instruction, full payment is required prior to the first day of class, except as otherwise noted in the Registration Policies and Procedures or as noted below. Village Productions accepts checks, money orders, VISA, Mastercard & Discover.

**Group Class Fees**

(from Class Selection section, above): \$ \_\_\_\_\_

**Annual Registration Fee** (\$20 per year per student, due once per year, July 1-June 30. Do not add here if you already paid your annual registration fee when you registered for private lessons.):

\$ \_\_\_\_\_

**Annual Fund Donation** (Optional. Thank you for supporting the Tri-PAC!):

\$ \_\_\_\_\_

**Total Payment Due:**

\$ \_\_\_\_\_

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**PAYMENT METHOD:**

**CHECK PAYMENT** (Please make check payable to "Village Productions")

**Check Number:** \_\_\_\_\_ **Amount:** \$ \_\_\_\_\_

**CREDIT CARD PAYMENT:** *(If paying by credit card, please complete last page)*

**Physical Limitations:** Please list any student physical limitations of which we should be aware (e.g., asthma, heart condition, food or other allergies): \_\_\_\_\_

**Medical Information:** Please circle and explain all that apply.

Bee sting allergies      yes      no  
 Other allergies          yes      no      If yes, please explain: \_\_\_\_\_  
 Subject to seizures      yes      no      If yes, please explain: \_\_\_\_\_  
 Taking medication      yes      no      If yes, please explain: \_\_\_\_\_  
 Diabetic                    yes      no      If yes, please explain: \_\_\_\_\_  
 Date of last tetanus shot: \_\_\_\_\_

**Emergency Contact Information:** *(please print)* \_\_\_\_\_

**Consent & Release:** \_\_\_\_\_ *(insert name of student)* (and the student's Parent or Legal Guardian in the case of a minor child, on the Parent or Legal Guardian's and the minor child's behalf, collectively referred to as the Student), by signing below, and in consideration of Village Productions making educational opportunities available to the Student, hereby consent to and represent the following:

By registering with Village Productions, Student agrees to abide by all policies and procedures as outlined in printed materials and on the Village Productions website, including 2009-10 registration procedures, payment policies, and school calendar. The Student shall be responsible for timely payment of tuition outlined above, and understands and agrees that tuition and fees are nonrefundable. Student further allows the taking of photographs, recordings, film and/or other media in which the Student appears for any purpose including but not limited to promotional purposes and release via the internet and/or other media outlets, without further notice, permission, or compensation. Student further represents that he/she is adequately covered by a personal or family medical plan which includes coverage for hospitalization, medical expenses, and other related expenses which may arise from Student's participation in the Program, and that Student shall present proof of said coverage if necessary. Student grants Village Productions (and their officers, employees, agents, volunteers, independent contractors, and Board members), permission, in their discretion, to release medical information to the program staff or others deemed necessary and in the interests of the Student, and to seek and authorize emergency medical treatment for Student, and agrees to assume all medical costs incurred. Student has attached any additional important medical information about the Student to this form. Student further agrees to release, indemnify and hold harmless Village Productions (and its officers, employees, agents, volunteers, and Board members), from and against any and all claims, demands, liabilities, losses or expenses, including attorneys fees, and including any injury to Student or another party, associated with Student's participation in educational opportunities (including but not limited to those arising in connection with equipment or facilities, and those arising from a third party due to Student's own conduct). The Student further agrees that if any part of this agreement is found by a court or other appropriate authority to be invalid, the remainder of the agreement nevertheless will remain in full force and effect. The Student further acknowledges that Student has read and understood this Consent and Release, and voluntarily agrees to be legally bound by its terms.

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Parent or Guardian** *(if Student is under 18):* \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Note: Village Productions reserves the right to change, withdraw or modify classes, workshops, and lessons.*

**Office Use Only**

<u>Class Code</u>		<u>Payment Type</u>
<u>Ck#</u>	<u>Amount</u>	<u>Balance</u>
<u>CC Process Date</u>		<u>CK. Deposit Date</u>
	<u>QB Receipt #</u>	

