



OFFICE USE ONLY
Membership No. _____

Student Registration Form

Student Name: _____ DOB (mm-dd-yyyy): _____

Returning Students Only: Contact info has not changed Please update contact info as below

Address: _____

Postal Code: _____ Primary Phone: _____

Primary Email: _____ Alt. Email: _____

Parent/Guardian: _____ Alt. Phone: _____

**** Students may register for multiple classes for no additional fee ****

Mondays (3:30 - 5pm)

- Art II (Gr. 5+)
- Concert Choir (Gr. K-4)
- Costumes & Fashion Design (Gr. 5+)

Wednesdays (3:30 - 5pm)

- Art I (Gr. K-4)
- Show Choir (Gr. 5+)
- Event Videography & Technical Design (Gr. 7+)

Fridays (3:30 - 5pm)

- Acting I (Gr. K-4)
- Acting II (Gr. 5+)
- Photography (Gr. 5+)

Sundays (3:30 - 5pm)

Advanced Acting for Stage, Film & Television (Gr. 8+)

Other artistic experiences (students and/or family members, please specify):

Students under 10 years of age must be picked up by a parent or guardian. Please provide information for any alternate persons that may be picking up your child from time-to-time:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Emergency/Medical Information:

Are there any allergies, medical conditions, special needs or behavioral concerns that could affect your child's ability to participate in activities at Amber Academy that the instructors should know about?

Family Physician: _____ BC Services Card No: _____

Person to contact if parent/guardian listed above cannot be reached in the case of a medical emergency:

Name: _____ Phone: _____ Relationship: _____

Privacy Statement: Personal information collected on this form will only be made available to the class instructors and Board Members and will only be used for matters associated with Amber Academy management. All information will be treated in confidence and will not be disclosed to any other party without this signor's written consent.

Fees and Deposits

1. There are no monthly fees to attend classes at Amber Academy, however families **must be registered members of the society** in order for their child/children to participate in the program.
2. A fundraising deposit¹ of \$150/term² per family is required to complete student registrations.
3. Membership fees are due to be paid in full at the time of registration and are non-refundable after 14 days (please include a completed Membership Application form with your registration form).

¹Post-dated cheques dated for November 1, 2020 and April 1, 2021. Cheques are not cashed and are returned at the end of each term to families that participate in scheduled fundraising events.

²First Term: September - December, Second Term: January - June

Please Note:

- There is a \$25.00 charge for all returned NSF cheques.
- Cheques must be made payable to **Amber Academy Youth Fine Arts Society**.
- If the student's surname differs from the surname on the cheque, please note the student's full name on the cheque.

Send payments (cheque/Paypal/e-Transfer) and forms to:

Amber Academy Youth Fine Arts Society

2515 Watling Way
Sooke BC V9Z 0Y7

Email: admin@amberacademy.ca

Release, Waiver and Agreement

1. **Membership and Registration.** In order to participate in Amber Academy classes families must fill out and sign a Membership Application, a Student Registration Form for each child and sign a Waiver and Agreement. Registration is guaranteed only with all paperwork completed, paid membership fees, and Fundraising Deposit Cheques submitted.
2. **Attendance.** Instructors will be taking attendance at each class and including absence on the students' progress reports at the end of each term. If your child will be absent from a class please email the instructor and inform him/her.
3. **Snack Program.** Healthy snacks will be provided to students at class, however all food should be consumed prior to class start time or saved for the break time mid-way through the class.
4. **Students aged 10 and under** will remain in the company of their instructor until their parent or guardian picks them up at the door and signs them out. In the event of an emergency or an unexpected delay in picking up your child (traffic problems, etc.) please phone (250) 888-1921.
5. **Please respect the class venues and all equipment.** Students found to be intentionally causing damage to the classroom, building, property, or any class tools or equipment will be held responsible. Parents/guardians of any student requiring additional supervision during class may be contacted by the Executive Director to discuss making appropriate arrangements.
6. **Code of Conduct.** All students and their guardians/family members are expected to uphold Amber Academy Youth Fine Arts Society's Code of Conduct at all times.
7. **Membership fees** are used to support the society's work in the community and are non-refundable after 14 days.
8. **Fundraising Deposits.** In order to maintain low membership fees, families are required to participate in our fundraising programs. Two cheques of \$150 each, post-dated for November 1, 2020 and April 1, 2021, *per family* are required to complete student registrations. These deposits are returned to families that participate in the fundraising events. **Important: The November deposit will not be returned to families that withdraw from Amber Academy after October 15th, 2020 and have not participated in the fall fundraising program. The April deposit will not be returned to families that withdraw from Amber Academy after March 15th, 2021 and have not participated in the spring fundraising program.**
9. **Communication and Notices.** Parents/students are responsible for ensuring we have their current email and contact information on file. Instructors may send out information parents need to be aware of for an upcoming class so please be sure to check your emails before your child attends class each week. Important notices will also be sent home with students after class.
10. **Illness.** No student is to attend class if they or anyone in their household or immediate social circle has any Covid-like symptoms. Parents/guardians are expected to assess their child daily for symptoms of common cold, influenza, COVID-19, or other infectious respiratory disease.

Parent/Guardian Initials: _____

If a student or anyone in their household, has travelled outside of Canada in the previous 14 days, or was identified as having had close contact of a confirmed case or outbreak of Covid-19, they must stay home and self-isolate for 14 days. Any student showing symptoms of illness at a class will be supervised away from the other students by a staff member and the student's parent or guardian will be notified and required to pick-up the child immediately.

I (we), the parent/guardian of _____ have read the information provided in this document and agree to the policies outlined herein. I hereby give permission for my child/ward to participate in any activity sponsored/supported by Amber Academy Youth Fine Arts Society (herein called the Society) for the Society's 2020/2021 season. I acknowledge and agree that in consideration of my child/ward being permitted to participate in the activities of Amber Academy Youth Fine Arts Society I (we):

1. do hereby release the Society, its Members, Officers, Directors, volunteers and independent contractors from all liability, claims, causes of action of any kind whatsoever in respect of all personal injuries, loss of life or property losses which our child/ward may suffer arising out of the activities of the Society; and
2. do hereby acknowledge and agree that I (we):
 - a. have carefully read this Release, Waiver and Agreement, that I (we) fully understand same, and that I am (we are) freely and voluntarily executing same.
 - b. understand clearly that by signing this Release I (we) will be forever prevented from suing or otherwise claiming against the Association, its Members, Officers, Directors, volunteers or independent contractors with respect to any matter arising from these activities.

Media Consent:

I authorize Amber Academy Youth Fine Arts Society to use **photos and/or video** of myself and/or my child for promotional purposes in any type of media or publicity, including social media and website. I understand that students without said consent may be restricted from participating in some events where photos and/or video may be taken:

Yes No (*Boxes left unchecked will be taken as consent*)

When only one parent signs to indicate consent, he/she does so in good faith and is presumed to be acting with the consent of the other legal parent/guardian.

Parent or Guardian Signature

Date

Student Signature