



SOLOIN CENTER FOR THE ARTS
Art • Music • Theater • Dance

PLEASE PRINT

Participant's Last Name _____
 Participant's First Name _____
 Home Phone Number _____ Gender: M/F _____
 Alternate Phone Number _____

FOR OFFICE USE ONLY

Friends of SCA Member Club SCA Member
 Mus Thea Dance Art Letter____
 TS:____ Teacher Notified:____ Date:____
 Initials:____

Parent/Guardian Name _____
 Parent/Guardian Email (Required) _____
 Street Address _____
 City _____ Zip _____
 Participant's Birth Date _____ Age _____
 Participant's Grade _____ School _____
 Participant Allergies/Special Needs _____
**Please indicate all special needs so that we can best accomodate your child*

Program _____ Instructor _____
 Time of Program _____
 Starting Date _____ Ending Date _____
 Day(s) _____ No Class _____
 Date _____ Total Fee \$ _____ Received By _____
 Cash_____ Visa_____ MC_____ Disc_____ AmX_____ Check #_____

EMERGENCY INFORMATION

Emergency Contact _____
 Phone Number _____ Relationship _____

**FOR OFFICE USE ONLY - TUITION PAYMENT PLAN
 PRIVATE MUSIC INSTRUCTION OR DANCE PER APPROVAL**

Number of lessons/classes scheduled at \$ per hour rate.
 Total Tuition \$ / = Payments of \$
 1st Payment due with registration. Equal payments due _____

PAYMENT DUE BY THE 5th OF THE PAYMENT MONTH

MAKE-UP & REFUND POLICY - To be eligible for a make-up lesson (private instruction only), a 24-hour notice by the student is required if a lesson is going to be missed. A \$5 service charge will be assessed on any refund. Refunds after the class begins on the first day will be given in the amount of 50% of the registration fee. After the first day of class, there is a no refund policy. Refunds are handled through the City of Solon Finance Department and may take up to 3-4 weeks.

RELEASE - In consideration of permission granted to me for my participation in a Solon Center for the Arts program and other valuable consideration, I, the undersigned, on behalf of myself, my heirs, executors, administrators and assigns, do hereby release and discharge the City of Solon, its Arts Center, its officers, employees, officials and agents, jointly and severally from any and all claims, demands, actions, judgements and executions which may arise out of my participation in a Solon Center for the Arts program. Further, in consideration of permission granted to me for my participation in a Solon Center for the Arts program, I hereby agree, on behalf of myself, my heirs, executors, administrators and assigns, to indemnify any, all or any combination of the aforesaid, jointly and severally and to hold and save harmless from and against any and all actions, claims, demands, liabilities, loss, damage or expense of whatever kind of nature, including attorney's fees, which may at any time be incurred by reason of my participation in any Solon Center for the Arts program.

Solon Center for the Arts (City of Solon), its staff and faculty, are not responsible for the supervision of children who are visiting the Center while waiting for siblings/friends and are not in attendance in class. Please do not allow children in your care to be unsupervised in the building and/or parking lot for their safety. _____ (Please initial)

Signature of Participant/Parent/Guardian if participant is under 18 years of age _____

Date _____