

# Arts Conservatory For Teens

Education | Empowerment | Enrichment

WHAT INSPIRES YOU?

**CE MORNING CLASSES**  
**8AM-9:20AM**  
**MON & WED @ TYRONE**  
**TUESDAY @ OAK GROVE**  
**THURSDAY @ LARGO**  
**FRIDAY @ JOHN HOPKINS**



## REGISTRATION APPLICATION

Fall 2018  Winter/Spring 2019  Summer 2019

### Please check your areas of interest:

- Acting/Drama/Theater       Vocal/Stage Coaching       Video Production/Filmmaking       Painting/Drawing  
 Dance/Hip Hop/Modern       Photography       Spoken Word Poetry       Teens Empowered Today  
 Song Composition/Beat Making       Video Game Making       Private Music Lesson \_\_\_\_\_

Child's Legal Name \_\_\_\_\_ Preferred Name \_\_\_\_\_ Age \_\_\_\_\_

Birth Date \_\_\_/\_\_\_/\_\_\_       Female  Male

Child's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

1. Parent/Guardian \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Employer \_\_\_\_\_  
Would you like us to send you information by email?  Yes  No  
Email Address \_\_\_\_\_

2. Parent/Guardian \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Employer \_\_\_\_\_  
Would you like us to send you information by email?  Yes  No  
Email Address \_\_\_\_\_

In event of an emergency, attempts to contact parents will always be made first. Please fill out the following **COMPLETELY**, listing two nearby relatives or neighbors who have your permission to remove the child from our care, and may be called if needed.

1) Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Additional adults who have permission to pick your child up from class:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any medical, physical, or emotional needs of which we need to be aware? \_\_\_\_\_

Medication required \_\_\_\_\_ Food, or other allergies \_\_\_\_\_

Has your child been in a special education or behavioral program in the past two (2) years?  
\_\_\_\_\_

Can your child/teen check themselves out from our site?  Yes  No

If yes, what time? \_\_\_\_\_ Parent Initial \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# STUDENT'S MEDIA RELEASE

Student's Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Parent's Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

In consideration of no compensation herein acknowledged as received, and by signing this release, I hereby give the Photographer/Filmmaker and Assigns my permission to license the Images and to use the Images in any Media for any purpose (except pornographic or defamatory) which may include, among others, advertising, promotion, marketing, and packaging for any product or service. I agree that the Images may be combined with other images, text, and graphics, and cropped, altered, or modified. I acknowledge and agree that I have consented to publication of model's ethnicity(ies) as indicated below, but understand that other ethnicities may be associated with Images of the Model by the Photographer/Filmmaker and/or Assigns for descriptive purposes.

I agree that I have no rights to the Images, and all rights to the Images belong to the Photographer/Filmmaker and Assigns. I acknowledge and agree that I have no further right to additional Consideration or accounting, and that I will make no further claim for any reason to Photographer/Filmmaker and/or Assigns. I acknowledge and agree that this release is binding upon my heirs and assigns. I agree that this release is irrevocable, worldwide, and perpetual, and will be governed by the laws of the state of Florida, excluding the law of conflicts.

## DEFINITIONS:

"MODEL" means my minor child and includes his/her appearance, likeness, and form.

"MEDIA" means all media including digital, electronic, print, television, film, and other media now known or to be invented.

"PHOTOGRAPHER/FILMMAKER" means photographer, illustrator, filmmaker, or cinematographer, or any other person or entity photographing or recording me.

"ASSIGNS" means a person or any company to whom Photographer/Filmmaker has assigned or licensed rights under this release as well as the licensees of any such person or company.

"IMAGES" means all photographs, film, or recordings taken of Model as part of the Shoot.

"CONSIDERATION" means something of value I have received in exchange for the rights granted by me in this release.

"SHOOT" means the photographic or film session described in this form.

"PARENT" means the parent and/or legal guardian of the Model. Parent and Model are referred to together as "we" or "us" in this release.

Signatory Print Name: \_\_\_\_\_

Parent's/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_