

ADULT PROGRAM REGISTRATION Winter/Spring 2025



Participant Information:

Name:					
Address:		City:		Zip:	
Email:		Phone:			
Emergency Contact:			Relationship:		
Emergency Contact Phone:					

New Participants: First-time attendees must complete a one-time *Student Enrollment Form* and may attend an optional orientation prior to participating in multi-week classes at ACT. *Please check if participant is new to ACT:*

Caregiver Information: ACT's priority is to ensure students receive all needed accommodations; all students are permitted to attend with a caregiver if needed. *Will the student be in class with a direct assistance caregiver?* Yes No

WINTER Class Selection:

<input type="checkbox"/>	Winter Ukulele Club: Mondays, 4:00-4:45pm (9 sessions)	\$100
<input type="checkbox"/>	Treble 5 Drummers (ACTion Drummers): Mondays, 5:00-5:45pm (9 sessions)	\$100
<input type="checkbox"/>	Bass 6 Drummers (ACTion Drummers): Mondays, 6:00-6:45pm (9 sessions)	\$100
<input type="checkbox"/>	Puppet Making and Performing: Tuesdays, 4:00-5:00pm (8 sessions)	\$90
<input type="checkbox"/>	Behind the Mask: Tuesdays, 5:15-6:15pm (8 sessions)	\$90
<input type="checkbox"/>	Winter ACTion Choir: Thursdays, 12:10-1:10pm (9 sessions)	\$120
<input type="checkbox"/>	January Zoom Dance Party: January 22, 7-7:30pm	Free
<input type="checkbox"/>	February Zoom Dance Party: February 19, 7-7:30pm	Free
<input type="checkbox"/>	*In-Person OR Virtual* Private Art Instruction: ____ sessions	See website
Section Total		

**Classes require a minimum number of participants. If not reached, class will be canceled, and registered participants will receive a full refund or credit.*

SPRING Class Selection:

<input type="checkbox"/>	Spring Ukulele Club: Mondays, 4:00-4:45pm (7 sessions)	\$80
<input type="checkbox"/>	Treble 5 Drummers (ACTion Drummers): Mondays, 5:00-5:45pm (7 sessions)	\$80
<input type="checkbox"/>	Bass 6 Drummers (ACTion Drummers): Mondays, 6:00-6:45pm (7 sessions)	\$80
<input type="checkbox"/>	Art of Printmaking: Tuesdays, 4:00-5:00pm (6 sessions)	\$70
<input type="checkbox"/>	Art of Collage: Tuesdays, 5:15-6:15pm (6 sessions)	\$70
<input type="checkbox"/>	*In-Person OR Virtual* Private Art Instruction: ____ sessions	See website
Section Total		

**Classes require a minimum number of participants. If not reached, class will be canceled, and registered participants will receive a full refund or credit.*

TShirt Selection:

<input type="checkbox"/>	Ukulele Club TShirt (red)	\$15
<input type="checkbox"/>	ACTion Drummers TShirt (black)	\$15
<input type="checkbox"/>	ACTion Choir TShirt (blue)	\$15
Size (circle one): S M L XL 2XL		
Section Total		

Would you like to add a 100% tax deductible donation to ACT?

Your donation will fund scholarships for students with financial need. Thank you for helping keep ACT programs accessible to those wishing to participate!

<input type="checkbox"/>	\$25 donation	\$25
<input type="checkbox"/>	\$50 donation	\$50
<input type="checkbox"/>	\$100 donation	\$100
Section Total		

Grand Total Due	
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Payment:

<input type="checkbox"/> Cash	Enclosed? <input type="checkbox"/>				
<input type="checkbox"/> Check	Check Number:		Enclosed? <input type="checkbox"/>		
<input type="checkbox"/> Credit Card	Cardholder/name on card:		Billing ZIP:		
	Card #:		CVV:	Exp:	/

Assumption of the Risk and Waiver of Liability

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury, including exposure and/or transmission of COVID-19, to my student(s), caregivers or myself, of any kind, that I or my student(s) may experience or incur in connection with my student(s) participation in ACT programming ("Claims"). On my behalf, and on behalf of my student(s), I hereby release, covenant not to sue, discharge, and hold harmless ACT, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of ACT, its employees, agents and representatives.

Name of Parent/Guardian: _____ Signature: _____ Date: _____