

GLOBAL ORGANIZATION FOR ARTS AND LEADERSHIP (GOAL)

14434 NE 8th Street, Bellevue WA 98007/206.953.5080/WWW.GO-AL.ORG/GOALPROGRAM@HOTMAIL.COM

2017 WINTER INTENSIVE PERFORMING ARTS LEADERSHIP CAMP

PROGRAM RULES & POLICIES

1. REGISTRATION & FEES:

- **PROGRAM: \$295/STUDENT (12/26/17-12/29/17)/9AM-3:30PM/AGES 6-14**
- **EXTENDED CARE 3:30PM-6:00PM: \$140**
- **REGISTRATION TUITION FEE DUE BY DECEMBER 26, 2017: NON-REFUNDABLE**

To participate in the academy all participants must have signed the registration form. No refunds are given unless the workshop is canceled. Students are eligible for a pro-rated tuition refund only if they must withdraw from classes due to prolonged illness or severe injury, verified by a doctor's certificate. Students with outstanding accounts will not be admitted to the Winter Camp. There is a \$20 charge for any returned check. 2017 *Winter Intensive Performing Arts Leadership Camp* can be made by check payable to GOAL or with a credit card payment via PayPal at www.go-al.org.

2. **OBSERVATION:** Parents are invited to observe classes but must remain in the viewing area. Children not in classes must remain in the viewing area.

3. **PHOTO RELEASE:** By signing this waiver, you give permission for GOAL to use pictures or videos of academy participants in educational or promotional materials. All photography is property of GOAL. Your name will not be released without your permission. Family and participants in GOAL's programs are not allowed to take pictures or video.

Other: PHOTOGRAPHY AND VIDEOGRAPHY OF GOAL'S PROGRAMMING AND REHEARSAL ARE STRICTLY PROHIBITED.

REGISTRATION FORM

STUDENT'S LAST NAME: _____

FIRST NAME _____

AGE: _____

BIRTHDATE: _____

ADDRESS: _____

(city) (state) (zip)

PHONE: (Home) _____

(Cell) _____

(Emergency) _____

(Student) _____

PARENT or GUARDIAN: _____

E-MAIL: (Parent) _____

(Student) _____

Workshop Name: _____

Conflict Dates: _____

MEDICAL AUTHORIZATION AND RELEASE

I approve participation in class activities, team rehearsals, performances or other events organized by *Global Organization for Arts and Leadership (GOAL)*. I understand that like all physical activities, participation in gymnastics, dance, theater, and fitness carries with it a reasonable degree of risk and agree that neither *Global Organization for Arts and Leadership (GOAL)*, nor its officers, directors, operators, agents or instructors may be held liable in any way for any occurrence in connection with the student's participation in gymnastics, dance, fitness, theater, singing, rehearsals or stage performance which may result in serious injury or other damages to me, my family, heirs or assigns. In consideration of being allowed to participate in such programs, I

further personally assume all risks in connection therewith, whether foreseen or unforeseen, and further to save and hold harmless said GOAL corporation, its officers, directors, operators, agents or instructors from any claim by me, my family, estate, heirs, or assigns arising out of such participation. By signing this waiver, I give GOAL permission to use any pictures or videos for promotional purposes. Your name will not be released without permission.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND GLOBAL ORGANIZATION FOR ARTS AND LEADERSHIP (GOAL), AND I HAVE SIGNED THIS OF MY OWN FREE WILL I ALSO AGREE TO ABIDE BY ALL RULES OF Enrollment. I, as parent or guardian of

_____ give my permission for him/her or any other members of our family to participate in gymnastics, dance, movement, theater, rehearsal, stage performance or any other activity/ event at *Global Organization for Arts and Leadership (GOAL)* and in consideration of our families participation, agree individually and on behalf of our family to the terms of the above agreement and release of liability. *Global Organization for Arts and Leadership (GOAL)* has my permission to secure emergency medical attention if I cannot be reached immediately.

_____ Date: _____
Signature of Parent/Guardian or Student (if over 18)

How did you hear about our program?
