

# REGISTRATION FORM

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Membership Card ID #: \_\_\_\_\_ Expires: \_\_\_\_\_

How did you learn about our classes? \_\_\_\_\_  
**IF YOU ARE RENEWING YOUR MEMBERSHIP AT THIS TIME, PLEASE FILL OUT THE INFORMATION BELOW.**

Address: \_\_\_\_\_ City, State, & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

COURSE NUMBER	TITLE	DAY & TIME	TUITION	SUPPLY/LAB FEE

**METHOD OF PAYMENT**

- CASH  
 CHECK (payable to CFABS)  
 VISA                       MASTER CARD  
 DISCOVER                 AMERICAN EXPRESS

<b>SUBTOTAL</b>	
<b>ADD SUPPLY/LAB FEE</b>	
<b>ADD MEMBERSHIP FEE</b>	
<b>TOTAL</b>	

CARD #: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

Signature: \_\_\_\_\_ CVV \_\_\_\_\_

**DISCLAIMER**

I, the undersigned, will indemnify, defend and hold harmless the Center for the Arts of Bonita Springs, its employees, volunteers and any other representative, from and against any and all actions, in law or in equity, from liability or claims for damage or judgments to any person or property that may result now or in the future from the conduct of this event.

Furthermore, I do hereby release, discharge and hold harmless the Center for the Arts of Bonita Springs, its employees, volunteers and any other representative, of and from any and all claims, demands, actions, causes of actions and suits at law or in equity for and on account of any injuries, damages or accidents sustained by me (or my child) while participating in or being a spectator of any activity or event sponsored by the Center for the Arts of Bonita Springs. I know that in participatory activities, injuries may occur, and I understand all injuries sustained and costs incurred therein must be paid by my personal insurance company or by me. I understand that this release includes any claims based on negligence, action or inaction of the Center for the Arts, its staff, directors, volunteers, members or guests.

**MEMBERSHIP STATUS**

- NEW MEMBER     RENEWING  
 INDIVIDUAL        **\$85**  
 FAMILY                **\$115**  
 K-12 TEACHER      **\$50**  
 STUDENT                **\$25**  
 PATRON                 **\$300**  
 PATRON CIRCLE     **\$600**  
 CORPORATE            **\$1000**

I would like to volunteer, please call me.

I, the undersigned, have read and voluntarily signed the release and waiver of liability and Indemnity Agreement, and further agree that no oral presentations, statements or inducements apart from the foregoing written agreement have been made.

I, the signatory, further agree that in the event medical attention is required due to accident or illness and my contact person is unreachable, the Center for the Arts shall be permitted to seek such medical services as it shall deem necessary and appropriate through EMS/911 and/or local hospitals.

The Center for the Arts occasionally takes photos of participants for use in its newsletter and publications. Also, on occasion, news media may visit our facilities in covering Center for the Arts events. By signing the registration for, I acknowledge awareness that photographs may be taken at times for promotional or news coverage purposes. I understand that photos taken by the Center for the Arts become property of the Center for the Arts and may be used in promotional materials now and/or in the future.

**Cancellation/Transfer/Refund Policy for Classes:** Please let us know at least a week prior to the start date of a class if you are going to cancel or transfer out of a class. We begin to cancel classes a week before the start date and late cancellations/transfers cause classes to fall below the minimum enrollment numbers which cause classes to run at a loss. All transfers incur a \$10 transfer fee. There is a 25% fee for any cancellation received less than 7 days prior to the start of course. For refund requests after course begins, there is a 50% refund of remaining sessions in course. **NO REFUNDS OR TRANSFERS AFTER FINAL COURSE SESSION.**

**Please remember to pick up your supply lists.** It is the student's responsibility to read and understand the rights and responsibilities of attending classes at the Center for the Arts as described below. I have read and understand the policies of the Center for the Arts of Bonita Springs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_