

Mini-Moez Registration Form Spring 2012

Student's Name: _____

Sex (Circle One): Male Female Date Of Birth: _____ Age: _____

Parents' names: _____

Address: _____

Phone number: (H) _____ (C) _____

Email Address: _____

AGE 5-9 Years:

- Scottsdale (Mondays starting January 16, 2012 at Covenant Community Church)
 ◇ 2-4 PM
- Chandler (Tuesdays starting January 17, 2012 at Chandler Bible Church)
 ◇ 12:30-2:30 PM
 ◇ 2:30-4:30 PM
- Glendale (Wednesdays starting January 18, 2012 at Hope Chapel)
 ◇ 1-3 PM
- Surprise (Fridays starting January 20, 2012 at Hope Baptist Church)
 ◇ 1-3 PM
- North Phoenix (Fridays starting January 20, 2012 at Moon Valley Bible Church)
 ◇ 12:30-2:30 PM
 ◇ 2:30-4:30 PM

Classes are subject to change based on the number of registrations received.
Each class will perform a showcase at the end of the semester

Registration Fees: Each class is only \$175 and only \$150 for each additional sibling. It includes the classes for the full semester and the end of semester production. Showcases and performances will be the week of March 26-31, 2012.

REGISTER BEFORE December 31, 2011, AND RECEIVE \$50 OFF !

Each area needs a minimum of 5 students with a maximum of 15.

Student teacher ratio will be 6:1 in each class.

To register, mail this Form, Medical Release Form, Release of Liability and check for registration (full amount or \$25 deposit [balance due the first day of class]) payable to

MoezArt Productions

- OVER -

Registration Checklist

Fees for Mini-Moez Spring 2012 semester

_____ \$175.00 registration fee per student per class of which at least the \$25.00 non-refundable deposit is required to hold a spot for a student in a class.

Discounts and options for the Spring 2012 semester

_____ \$50 EARLY BIRD discount if you register before **December 31, 2011**.

_____ \$25.00 discount for each additional child in the same family enrolled.

_____ I need a payment plan. I have read and understand the policy (available at <http://www.moezartproductions.com/classguidelines.html#question4>) regarding the administrative fee and late fees. _____ *initial*

Required Paperwork

_____ Signed and completed registration form

_____ Medical release (*for new students only*)

_____ Liability form (*for new students only*)

I have read and agree to all the policies stated on the MoezArt Productions, Inc. website.

Parent signature

Date

Name (print)

Mail this form and a check for registration payable to ***MoezArt Productions*** to:

**MoezArt Productions
18411 N. 16th Way
Phoenix, AZ 85022**

Payment plans are available - Contact Sharon at moeketeer1@hotmail.com for details and questions

Phone 602-494-5663

Monday—Saturday 9:00 am to 5:00 pm

How did you hear about us?

I'm a Returning Student Homeschool Group Friend _____

From a Current Student (please name so they can get their reference discount) _____

Attended a performance Advertisement Convention

MoezArt Productions Website Other (*please list*) _____

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

In Consideration of _____, my minor child, being allowed to participate in any way in MoezArt Productions, Inc. programs, related events, classes and activities, the undersigned acknowledges, appreciates and agrees that:

- The risk of injury to my child from the activities involved in these programs is a possibility, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of injury does exist; and
- For myself, spouse, and child, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my child's participation; and
- I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from participation and bring such to the attention of the nearest official immediately; and
- I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives, and next of kin, hereby release MoezArt Productions, Inc. and any of its rented facilities, its officers, officials, board member, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and leasers of premises' used to conduct the events and classes, with respect to any and all injury, disability, death, or loss or damage to person or property incident to my child's involvement in these programs whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law; and
- I, for myself, my spouse, my child and on behalf of my/our heirs, assigns, personal representatives, and next of kin, hereby indemnify and hold harmless all of the about releasees from any and all liabilities incident to my involvement or participation in these programs or classes to the fullest extent permitted by law. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up these rights by signing it, and sign it freely and voluntarily without any inducement.

Understanding of Risk

I understand the risks involved in participating in this program, by personal responsibilities for adhering to rules and regulations, and accept them as a participant.

X _____
(Parent/Guardian Signature and Date)

Print Name _____

MEDICAL RELEASE FORM

I, _____ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child _____. In the event of accident, injury, sickness, etc., I give my permission to MoezArt Productions, Inc. to initiate any and/or all medical treatment until I can be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

Parents' Name Phone# _____

Insurance Company Name _____

In case I cannot be reached, the following people are designated to act on my behalf.

Sarah Goodman

Kathy Chick

Kim Ward

Jennie Morin

Medical history

Does your child have any of the following? (If yes, please explain):

Drug allergies _____

Asthma _____

Any other health problems or limitations: _____

Medications your child is taking _____

Are there any special needs, emotional, physical, learning, etc., that we need to be aware of? If so, please list

below: _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent of legal guardian of the above named child, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parent/Guardian: _____ **DATE:** _____