

**Haven Academy of the Arts
Group Voice Class
Grades 5-12**

Tuesdays 4:00-5:00
Classes start Tuesday 1/12
OCF Church Lobby, 343 Coral Circle, El Segundo
Instructor: Lia Abinante
Tuition: \$120 (\$135 after 1/4)
Please drop off and pick up your child on time. Class ends promptly at 5:00. 5 minute grace period, then \$1 per minute late.

*To register, please complete this form and mail with your tuition check to
343 Coral Circle El Segundo, CA 90245*

Child's Name: _____

Parent(s): _____

Age: ____ Birthday: __ / __ / __ Grade: _____

Address: _____

Home Phone: () ____ - _____ Cell: () ____ - _____

E-mail: _____

Please list any prior performing experience or vocal training

How did you hear about Haven Academy's Class?

- newspaper
- friend
- OCF church
- school flyer
- Haven Academy performance
- website
- other

**Haven Academy of the Arts
Medical Release**

Child's Full Name _____

Child's Age _____

Parents Name _____

Phone _____

Mobile number & or pager _____

Name & Phone number of person to contact in the event that the parent/guardian cannot be reached in an emergency _____

In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the representative of Haven Academy of the Arts to secure proper treatment and/or hospitalization, an injection, anesthesia, or surgery for my child as deemed necessary. The signature of the parent or guardian below is intended to serve as a medical release. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required and to provide authority and power on the part of an Haven agent to give consent to any and all such treatment and hospitalization deemed advisable. This authorization is to be effective from January 1, 2010 to March 31, 2010.

Parent or Guardian's Signature and date

Haven Academy of the Arts

343 Coral Circle, El Segundo, CA 90245 - 310.944.0024

PHOTO, VIDEO and WEBSITE RELEASE FORM

Dear Parent or Guardian:

On occasion, representatives from the Haven Academy wish to photograph, videotape or interview students in connection with Haven Academy programs or events. Educating the public about Haven Academy is one of our objectives. The entire community benefits from knowing about the abilities of our students and about the programs Haven Academy offers to the children in our community.

In order to release student photos, video footage, comments or to post items on the Haven Academy website, we need your written permission.

To give your consent, please complete the form below.

I, _____, parent or guardian of _____, give permission for my child to be photographed, videotaped and interviewed by representatives from the Haven Academy for the purpose of publicizing the educational programs at Haven Academy. I authorize the use and reproduction, by the Haven Academy and anyone authorized by the Haven Academy, of any and all photographs, videotapes and interviews taken of my child, without compensation to me or my child. All of these photographs, videos and interviews shall be the property, solely and completely, of the Haven Academy. I waive any right to inspect or to approve the finished photographs, videotapes, sound tracks, scripts and printed matter that may be used by the Haven Academy.

Date: _____

Parent or Guardian Signature:

Address:

OR _____ I am 18 years of age or older and I give my consent without reservations to the foregoing on my own behalf.

Signature:

Address: