



For Office Use Only	
Order #	
Date	
Initials	

The LENS project Registration Form

Student Name: _____ DOB: _____ Grade: _____

T-Shirt Size (circle one for student): YS YM YL AS AM AL AXL AXXL

Parent/Guardian: _____ Phone 1: _____ Phone 2: _____

Mailing Address: _____ City, State, Zip: _____

Email: _____ How did you hear about this program?: _____

We appreciate your answers the following two questions. We are responsible for reporting this service data to our funders and it also helps us identify areas where we can improve our services.

1. Race/ Ethnicity (Circle): Asian/Black/Hispanic/Multi-Racial/Native American/Pacific Islander/White 2. Free/Reduced Lunch Participant? Yes / No

Allergies/Special Behavioral Considerations - Yes/ No. If yes, please describe in detail.

I would like to register for the following class or classes

Class Title (include School District)	Name of School	Day (or days)	Tuition

Total: _____

Payment information:

- I am enclosing a check payable to the Broadway Center for the Performing Arts.
- Please charge my credit card for my tuition paid in full.
- My student qualifies for free or reduced lunch, which qualifies us for full financial aid.

Credit Card Information: Type- VISA MC AMEX Discover Exp Date: _____

Card Number: _____ CV Code (last 3 on back of card): _____

Billing Address if different than above: _____

Mail or Fax to Tacoma Arts Live Office:	901 Broadway Suite #700	Fax # 253-591-2013
Hours: M- F 11:00 a.m. – 6:00 p.m	Tacoma, WA 98402-4415	Phone # 253-591-5894

Media Release

In consideration for the class enrollment identified above, I give the Tacoma Arts Live the absolute right and permission to publish and/or copyright photographs, video and social media of me/my child, in Tacoma Arts Live's sole and absolute discretion. These media may be used for marketing and publicity purposes, in any medium, without compensation to myself and/or my child. I hereby waive any right to inspect or approve of the finished product, including written copy that may be created within said photographs.

Limit of Liability

In consideration for the class enrollment identified above, I agree to release, discharge and hold Tacoma Arts Live, (including but not limited to its board of directors and employees) harmless from any and all claims, causes of action, costs, losses, damages, recoveries, settlements, and expenses of any nature or kind, which may be incurred by participation in classes and activities at the BCPA or satellite venues used by Tacoma Arts Live.

Behavioral Expectation

Disruptive or disrespectful behavior is not tolerated and will result in immediate dismissal from the program without refund.
More than 2 late pickups (more than 10 minutes after scheduled end time) will result in removal from the class without a refund.

I have read, understand, and agree to the terms listed above.

Parent/ Guardian Signature _____ Date _____