

# ACADEMY DETURK

20 Hillview Avenue San Rafael, CA 94901,  
(415) 456-4297 main, (415) 497-3769 or (415) 342-4847 Emergencies

## Enrollment Application (Please Print Clearly)

### STUDENT INFORMATION

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M / F

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### REGISTRATION INFORMATION

Workshop Name: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Tuition \$ \_\_\_\_\_

Workshop Name: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Tuition \$ \_\_\_\_\_

Workshop Name: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Tuition \$ \_\_\_\_\_

**Total Tuition \$ \_\_\_\_\_ - *Deposit Enclosed today*\* \$ \_\_\_\_\_ = Balance Due on first day of class \$ \_\_\_\_\_**

Mail the complete Enrollment Application along with a check made payable to:  
**ACADEMY DETURK, 20 Hillview Avenue, San Rafael, CA 94901.**

\*A deposit of \$100 **per workshop** is required to reserve a space in **each workshop**, with the balance due on the first day of class.

### CONTACT INFORMATION

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Enrollment in all workshops is on a space available basis. Class size may vary. You will receive confirmation of enrollment. CANCELLATION POLICY Refunds are available if cancellation notice is received in writing at least two weeks prior to the first class date. No other refunds are available.

# ACADEMY DETURK

20 Hillview Avenue San Rafael, CA 94901  
(415) 456-4297 [Emergency #'s (415) 497-3769/(415) 342-4847]

(Release Form)

(Please Print Clearly)

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M / F

Home Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any special health or behavioral problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## WAIVER AND RELEASE OF LIABILITY

Parent's Initials

In consideration for my child's participation, I understand and agree to the following:

1. My child is in good health. \_\_\_\_\_

2. I understand that performing arts like any endeavor creates risk and the possibility of injury from minor to catastrophic or even death. The risk of harm may be limited by the knowledge, training and diligence of the teachers and facilitators but never eliminated. I am voluntarily participating in this activity with knowledge of the risks involved and hereby agree to accept any and all responsibilities herewith. \_\_\_\_\_

3. I hereby release **ACADEMY DETURK @ 20 Hillview Ave., San Rafael, CA, ROSS REC and ROSS SCHOOL of Ross, CA, AMERICAN LEGION POST 313 (aka LARKSPUR CAFÉ THEATRE)** and their teachers and facilitators from any and all present and future claims resulting from ordinary negligence on the part of **ACADEMY DETURK, ROSS REC and ROSS SCHOOL and AMERICAN LEGION POST 313 (aka LARKSPUR CAFÉ THEATRE)** for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instruction in performing arts, dance or any activities incidental thereto. \_\_\_\_\_

4. The undersigned, as a parent or guardian of the student registered on the form, hereby authorizes **ACADEMY DETURK** and its delegated staff and directors to consent to any medical and hospital care to be rendered to said minor upon advice of a licensed physician. This consent is given pursuant to the provisions of section 25.8 of the Civil Code of California. It is understood that, time and circumstances permitting, the staff, while not required to, will endeavor to communicate with me prior to such treatment. The undersigned agrees that **ACADEMY DETURK** and its staff and management are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment. This consent is given to **ACADEMY DETURK** in connection with any activities or authorized events at **ROSS REC and ROSS SCHOOL and AMERICAN LEGION POST 313 (aka LARKSPUR CAFÉ THEATRE)** or activities in its proximity having to do with classes, camps, workshops or performances and is in effect until revoked in writing and delivered to : **ACADEMY DETURK**. \_\_\_\_\_

I have read and understand the aforementioned, and by signing this form, waive any and all claims against **ACADEMY DETURK, ROSS REC and ROSS SCHOOL and AMERICAN LEGION POST 313 (aka LARKSPUR CAFÉ THEATRE)**.

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