School of Performing Arts
Teaching God's People To Worship

Registration Form

Spring 2012

Today's Date_____

Student's Name _____ Birthday _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ E-MAIL Address _____

Student's School (if Applicable) _____ Grade _____

If student is under 18 years of age:

Parent/Guardian's Name(s) _____

Cell Phone: Dad_____ Mom_____

Do you attend church regularly? If so, where? _____

Instruction Available (Check One):

- ☐ Flute
- ☐ Oboe
- ☐ Clarinet
- ☐ Saxophone
- ☐ Trumpet
- ☐ Bassoon
- ☐ Trombone/Baritone/Tuba
- ☐ Percussion/Drums
- ☐ Guitar
- ☐ Guitar Group
- ☐ Violin
- ☐ Viola
- ☐ Cello
- ☐ Piano
- ☐ Voice
- ☐ Primary Ballet
- ☐ Ballet 1
- ☐ Ballet 2
- ☐ Ballet 3
- ☐ Ballet 5
- ☐ Ballet 5 w/ Pre-Point
- ☐ Beginner Jazz
- ☐ Beginner Intermediate Jazz
- ☐ Lyrical

How many years of previous instruction have you had in the area checked?

_____

Length of Lesson

- ☐ 30 mins
- ☐ 1 hour

Day of Week Preferred (1st and 2nd choice)

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

Time Preference

- ☐ 9am-Noon
- ☐ 1-4
- ☐ 4-7
- ☐ 7-9

****Dance Classes do not have an option. They will be scheduled accordingly.**

The annual, non refundable registration fee of $20 ($25 per family) and first payment of the semester is due with this form. Make checks payable to Second Baptist Church & return to SPA Office in A310B or mail the form & check to:

SBC School of Performing Arts-North * Worship Team
22770 Hwy 59 N * Kingwood, TX 77339

SPA Direct Line
(713) 365-6349

RELEASE: As additional consideration for my participation/my child's participation in the School of Performing Arts ("SPA"), I hereby give Second Baptist Church my permission with respect to any photographs, videos, images, or other recordings (collectively referred to as "images"), whether as an individual or in a group, as follows: (a) to use, re-use, publish and re-publish the images in whole or in part, separately or in conjunction with other images, in any medium now or hereafter known, and for any purpose whatsoever, including but not limited to illustration, promotion, advertising and trade; (b) to copyright the images in Second Baptist Church's name, and (c) to use my name/my child's name in connection with the images if Second Baptist Church so decides. I hereby release and discharge Second Baptist Church from any and all claims and demands ensuing from or in connection with the use of the images, including any and all claims for libel and invasion of privacy.

I further agree that Second Baptist Church representatives have the authority to authorize or provide such emergency medical, dental, surgical care or treatment and are authorized to make all medical, dental or surgical care decisions as may be necessary in their judgment for me/my child. I understand that I will be financially responsible for any costs incurred for the emergency treatment and/or transportation.

This authorization and release shall inure to the benefit of the legal representatives, licensees and assigns of Second Baptist Church. I have carefully read the foregoing language and fully understand and agree to the terms. If the SPA student is a minor child, I represent that I am the parent/guardian of the student named below and I hereby consent to the foregoing on his/her behalf.

Date_____ Student's Name_____Student's Signature_____
If student is under the age of 18:
Printed Name of Parent/Guardian_____Signature of Parent/Guardian_____