

# KCYA Enrollment Form



## Student (additional students on reverse)

Student Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Age \_\_\_\_\_ D/O/B \_\_\_\_\_ student's first language \_\_\_\_\_

- new student     continuing student     male     female  
(optional)     Caucasian     African American     Asian     American Indian     Hispanic     other

## Parent/Guardian

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Primary phone # \_\_\_\_\_ Additional phone # \_\_\_\_\_

email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

## Class/Camp information (additional space on reverse)

Class or Camp Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Fee \_\_\_\_\_

## Payment

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Total amount due     pay in full     pay in 3 installments     I wish to make a donation to the Scholarship Fund

credit card     cash     check     scholarship (please attach application)

Credit card number \_\_\_\_\_ exp. date \_\_\_\_\_ CVV code \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_

**How did you hear about us?**     word of mouth: \_\_\_\_\_     mailing     public event     school presentation

newspaper     KCYA website     other website: \_\_\_\_\_     other: \_\_\_\_\_     referral

## Policies Agreement

### Release / Waiver

I hereby agree to indemnify and hold harmless KCYA and its employees from and against any and all claims for personal injuries or damages of any kind arising from participating in the CSA program. Further, I authorize KCYA staff and faculty to seek emergency medical help if this becomes necessary. I realize that every effort will be made by KCYA staff to contact me in the event of an emergency involving my child and I agree to indemnify and hold harmless KCYA personnel in seeking medical care for my child.

### Refund Policy

Fees will be refunded, less a processing fee, if you withdraw from a program before the deadline. If you must withdraw after the deadline, no refund will be given, except for documented medical reasons. There are no exceptions to this policy. KCYA cannot provide make-up programs, refunds, or credits for days missed due to illness, personal schedule conflicts or other reasons.

### Photo/Video/Audio/Media Consent

By your signature, you acknowledge and agree that as a participant in a KCYA program that the named child(ren) may be subject to being photographed, videotaped, audio recorded or presented in the media. You agree that the named child(ren)'s likeness may be used by KCYA in the routine promotion of it's classes and activities in print, web and social media channels.

Signature \_\_\_\_\_

Date \_\_\_\_\_

