



HOW BIG IS YOUR DREAM?

HBIYD?! Academy of the Arts Registration Form

July 10-21, 2017

Student's Name _____ Age _____

Address _____

School Name _____ Grade _____ Gender _____

Parent/Guardian Name(s) _____

Day Phone # _____ Cell phone: _____

E-mail _____

Are you currently taking Music & Arts lessons? _____ Years of Experience _____

Areas of Interest: Vocals Dance Drama Music Tech Art Instrument _____ Other _____
(Type)

Emergency Contact _____

Phone # _____

Please list any medications, disabilities and/or food allergies: (Any child/children with medical conditions identified per their application, will be reviewed by our medical advisory team)

In case of medical emergency, Academy of the Arts staff is authorized to take my child to urgent care or arrange for transportation to the hospital for emergency care.

Physician _____ Phone# _____

Insurance Carrier _____ Policy # _____

Parent's Signature _____ Date _____

HOW BIG IS YOUR DREAM?! Foundation P.O. Box 1017 Lithonia, GA 30038

Ph. 678-712-4348 Fax 404-220-7616 Email: info@howbigisyourdream.org WWW.HOWBIGISYOURDREAM.ORG



HOW **BIG** IS YOUR DREAM?!

Payment: Registration & processing fee due with Application

July Academy \$240.00 (Total Tuition)

_____ \$120.00 plus \$3.60 Processing Fee – Partial Payment

_____ \$240.00 plus \$7.20 Processing Fee – Full Payment

Total Fees Paid: _____ (include 3% Processing Fee)
(Sibling discounts are available contact Ms. Marsha @marsha@howbigisyourdream.org)

Credit Card Type _____ Card Number _____ Security Code _____

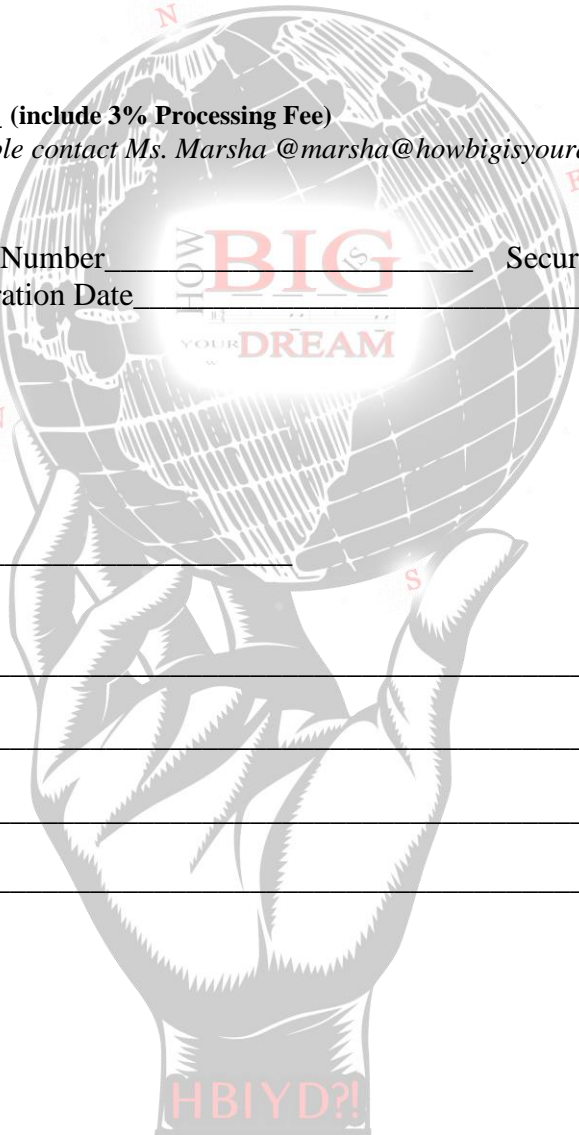
Expiration Date _____

- Visa
- MasterCard
- Discover
- American Express

Name on Card _____

Billing Address: _____

Student's T-Shirt Size _____



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How Big Is Your Dream?! Academy of the Arts Release Form 2017

CHILD(ren) RELEASE FORM FOR _____

Please fill out one release form for each child.

We will not let any child leave with anyone unless that person's name is on this permission list. If for some reason someone who is not on this list must pick up your child, you must send written permission. (A telephone call is not acceptable.) Furthermore, individuals picking up your child will have to present proper ID prior to pick up.

THE FOLLOWING PEOPLE HAVE PERMISSION TO TAKE ABOVE NAMED CHILD/CHILDREN FROM THE HOW BIG IS YOUR DREAM?! MUSIC CAMP:

AUTHORIZED NAME & RELATIONSHIP:

- 1 _____ Relationship _____
- 2 _____ Relationship _____
- 3 _____ Relationship _____
- 4 _____ Relationship _____

Parent/Guardian Signature _____

Publicity Photo Waiver and Release



I hereby grant and assign The How BIG Is Your Dream?! Foundation the non-exclusive right and permission to re-use, publish, re-publish, modify, and otherwise reproduce, and display in any and all media, for any purpose whatsoever, without compensation to the child, parents, guardians, or teacher, the use of my child's photo in connection with my or their participation in the How BIG Is Your Dream?! Music Camp.

I, _____, being the parent or guardian of the above-named minor(s), hereby consent to the forgoing waiver and release and consent on behalf of said minor(s).

Parent/Guardian Signature _____





Parents or Guardian's Notice of License Status and Acknowledgement

I understand that I am being informed in writing by signing this acknowledgement that this program is not licensed and is not required to be licensed by the state.

Parent or Guardian Signatures

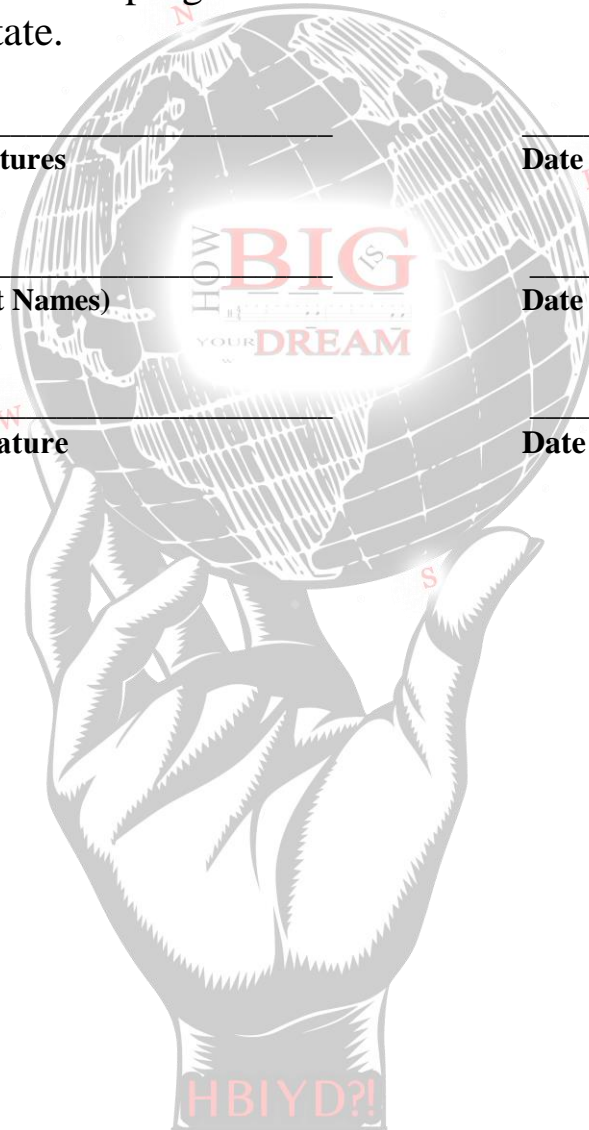
Date

Parent or Guardian (Print Names)

Date

Program Director's Signature

Date



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