



FOLUKÉ CULTURAL ARTS CENTER REGISTRATION FORM

Please complete all pages of this form.

Student's First and Last Names: _____

Student's Age: _____ Date of Birth: _____

Street Address: _____ City/State/Zip: _____

Parents' First and Last Names: _____

Home Phone Number: _____ E-Mail Address: _____

Parents' Work Numbers: _____

Parents' Cell Numbers: _____

TUITION POLICY

- A one-time non-refundable registration fee of \$25.00 per family is payable at registration. *Registration fee is waived for Central Residents*.*
- Tuition is due at the time of registration. The Foluké Cultural Arts Center (FCAC) tuition may be paid in full at the time of registration, or weekly: the first weekly payment is due at the time of registration and each week thereafter.
- Checks or Money orders should be made payable to Foluké Cultural Arts Center.
- FCAC reserves the right to terminate any student whose account is delinquent.
- Outstanding tuition or fundraising balances from any previous FCAC semester must be paid in full prior to any enrollment in any future semester.
- A 10% total tuition discount will be allotted to families who have two or more students under 18 years of age enrolled in both semesters. *Does not apply to Central Residents**
- There will be a \$40.00 fee for returned checks

As Parent or Guardian, I understand and will abide by the above tuition policy.

Signature: _____ Date: _____

** Proof of residency required for Central Residents*

Please complete the other side of this form.

Over

____ Weekly Payment: _____

____ Sibling Disc: _____

PLUS

____ Family Registration Fee: \$25.00

Total included with Registration _____

Foluké Cultural Arts Center

Agreement and Release Form

I _____, being the parent (or student, if over 18) or legal guardian of _____, agree to the following provisions.

Media Relations Release *(please initial)*

_____ Foluké Cultural Arts Center (FCAC) is in the process of securing financial sponsors, Videotaping and photographing of the classes will be obtained to show the progression of the center. These photographs and videos are the property of FCAC to use in securing these sponsors.

_____ **I give my consent** to (have my child) be photographed/videotaped during Foluké Cultural Arts Activities.

_____ **I do NOT give my consent** to (have my child) be photographed/videotaped during Foluké Cultural Arts Activities.

_____ I agree that if at any time I am contacted by any form of media regarding the center I will direct their inquiries to the Foluké Cultural Arts Center.

Parental Consent *(please initial)*

_____ I consent to my Child/Children(s) participation in the program and all activities in connection with this program.

_____ I understand the tuition and attendance policies set forth by the Foluké Cultural Arts Center and will comply with these policies.

Medical History

- Allergies: _____
- Pre-Existing Conditions: _____
- Medications being taken: _____
- Last Dance related injuries: _____
- Last medical injury(not related to dance): _____
- In case of emergency please take me / my child to _____ (hospital).
- Name of Physician: _____ Phone Number: _____

Emergency Contact

Name: _____

Relationship: _____

Home/Cell Phone # : _____

Other Pick-up Contacts *(Person(s) other than the parent/legal guardian responsible for picking up your child)*

Name _____

Name _____

Relationship _____

Relationship _____

Home/Cell Phone# _____

Home/Cell Phone# _____

Parents Signature _____ **Date** _____

Participants Signature _____ **Date** _____

Received by: _____ **Date** _____

rep. for Foluke Cultural Arts Center.

Release and Waiver of Liability and Indemnity Agreement

(Read Carefully Before Signing)

In consideration of being permitted to participate in any way in the Foluké Cultural Arts Center, Inc. Program indicated below and/or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the below Foluké Cultural Arts Center, Inc. activity or event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agreed that, if at any time, I feel anything to be UNSAFE, I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.
2. I/WE fully understand and acknowledge that:
 - (a) There are risks and dangers associated with participation in Foluké Cultural Arts Center, Inc. events and activities which could result in bodily injury, partial and/or total disability, paralysis and death.
 - (b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
 - (c) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releases named below.
 - (d) There may be other risks not known to us or are not reasonably foreseeable at his time.
3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releases named below.
4. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the 2234 East 55th Street, facility used by the participant , including its owners, managers, promoters, lessees of premises used to conduct the Foluké Cultural Arts Center, Inc. event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding the _____ facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "Releasee"...FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next of kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.
5. I/WE HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

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(Read Carefully Before Signing)

7. On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releases, the parent(s) and/or legal guardian(s) will reimburse the Releaser for any money which they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Facility Name: Foluké Cultural Arts Center, Inc.

Facility Address: 2234 East 55th Street, Cleveland, OH 44103

Parent or Guardian Signature (if minor): _____

Parent or Guardian Signature (if minor): _____

Participant Signature (adult): _____

Printed Name of Participant: _____

Participant Address: _____

Received by;

Registrar Signature: _____

Printed Name: _____

Member # NPP1579001

Region on File: _____

Date: _____

This Release and Waiver of Liability and Indemnity Agreement is provided by Francis L. Dean & Associates, Inc., a national provider of sports, leisure and entertainment insurance. For more information, please visit www.fdean.com