



FOLUKÉ CULTURAL ARTS CENTER  
 REGISTRATION FORM  
 (Minor)



Student's First and Last Names: \_\_\_\_\_

Student's Age: \_\_\_\_\_ Current Grade: \_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Central or Kinsman Resident: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Parents' First and Last Names: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Parents' Work Numbers: \_\_\_\_\_

Parents' Cell Numbers: \_\_\_\_\_

Please initial and/or respond

**Code of Conduct:**

Disrespectfulness will NOT be tolerated. All participants are expected to respect their instructors and each other. The occurrence of incidents of this nature will be immediate grounds for dismissal.

Students are expected to quietly enter the premises and conduct themselves accordingly as they wait for their classes to begin. Any incidents of rough-housing or loud behavior will be met with a warning on the first infraction. The second infraction will result in a conference with the parent present. A third infraction is grounds for dismissal. **Initial** \_\_\_\_\_

**Attendance Policy:**

Students are expected to attend every class session/rehearsal unless cancelled by the Center staff. Makeup classes/rehearsals may be scheduled at a later date. Being tardy to class will result in the student not being able to participate in class but be present to observe and take notes. In the event of inclement weather during the week, we follow the school closing days of The Cleveland Public Schools. In the event of illness or emergency, students are expected to call and give notice. The number to call is (216) 432-3772. Excessive absences may constitute dismissal from classes.

**Initial** \_\_\_\_\_

## Pre-Class SURVEY

The Foluké Cultural Arts Center would appreciate your input so that we can provide the best programs possible for you and your child. Please help us by completing this questionnaire.

1. How did you hear about children's classes at Foluké Cultural Arts Center?

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2. If Foluké offered you the option to pay less for classes if you signed up for a full year in advance, would that interest you? Yes\_\_\_ No\_\_\_ Not sure\_\_\_

3. What kind of family or children's classes and workshops would you be interested in taking that Foluké Cultural Arts Center is not currently offering?

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4. Would you have interest in Pre-K (Ages 3 – 6) classes if we offered them? Yes\_\_\_ No\_\_\_ Not sure\_\_\_. If Yes please provide names and ages\_\_\_\_\_

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5. What day of the week and time of the day is best for your child or your family to take a class at Foluké Cultural Arts Center?

M\_\_\_ T\_\_\_ W\_\_\_ TH\_\_\_ F\_\_\_ Sa\_\_\_

**Summer**\_\_\_ Early AM\_\_\_ Late AM\_\_\_

**School Year** \_\_\_Afternoon/After School \_\_\_

**Evening**\_\_\_

**Saturday**\_\_\_ Early AM\_\_\_ Late AM\_\_\_ Afternoon\_\_\_ Late Afternoon\_\_\_

## CONSENT, WAIVER 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 \_\_\_\_\_

## 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 55<sup>th</sup> 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 Foluké Cultural Arts Center 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 to 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.

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 55<sup>th</sup> Street, Cleveland, OH 44103

Parent or Guardian Signature (if minor): \_\_\_\_\_

Printed Name of Participant: \_\_\_\_\_