

OREGON CONSERVATORY OF PERFORMING ARTS (OCPA)

**Class Registration Form** (one form per student)

Please fill out the registration form below and return it with your payment to:  
Oregon Conservatory of Performing Arts, PO Box 1359, Medford, OR 97501

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F: \_\_\_\_\_

PARENT NAME: (if applicable) \_\_\_\_\_ E-MAIL \_\_\_\_\_


HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

MEDICAL ISSUES: \_\_\_\_\_

**ALL CLASSES WILL BE HELD AT Central High, 815 S. Oakdale, Room 284, in Medford (old South Medford High School)**

	CLASS	SESSION	EARLY-BIRD (10%) DISCOUNT DEADLINE	TUITION BEFORE/ AFTER DEADLINE
	Story Theatre (ages 7-11)	Saturdays 1/21/12 through 2/25/12 10:30 – 12 pm	January 6, 2012	\$135 / \$150
	Actors Exploring (ages 12-19)	Saturdays 1/21/12 through 2/25/12 10 a.m. - Noon	January 6, 2012	\$144 / \$160
	Musical Theatre (ages 12-19)	Saturdays 4/21/12 Through 5/19/12	April 7, 2012	\$144/\$160

**Total Due:** \_\_\_\_\_ (tuition – applicable discount (if paid in full). **Deposit Only:** \_\_\_\_\_ \$50. **Payment in full due by first day of class.**

Please note that a \$50 deposit (included in the class price) is non-refundable and holds the student's place in the camp.

**PAYMENT/CANCELLATION POLICY:** You must notify OCPA, in writing, at least two weeks before the start of classes if you are withdrawing. You will receive a refund less the \$50 deposit. If you do not formally withdraw, you are responsible for the full tuition. Our classes have a limited number of spaces available, and all must be filled to make our offerings possible.

**DISCOUNTS POLICY:** If payment in full is received by the **deadline as shown above**, then a 10% discount may be taken. If registering for multiple classes or multiple students in one family, a 10% discount may be applied. **REFUND POLICY:** A full refund will be given if the class/workshop is canceled by OCPA.

**MEDICAL CONSENT AND RELEASE OF LIABILITY:** I, the undersigned student, do hereby authorize the directors and instructors of OCPA as agents to consent to medical treatment in an emergency. I hereby release and discharge OCPA from any and all claims for personal injury.

**PERMISSION FOR PHOTO RELEASE:** I agree that photographs of me, taken during classes, may be used for promotional purposes by OCPA but will not be used by other organizations without additional written consent.

\_\_\_\_\_  
Parent/Guardian/Adult Student Name (please print)

\_\_\_\_\_  
Parent/Guardian/Adult Student signature

\_\_\_\_\_  
Date