



13832 N 32nd Street, Suite #162

Phoenix, AZ 85032

480-559-4372

LaaaClasses@gmail.com

www.La-ActingAcademy.com

CLASS ENROLLMENT FORM

New or returning student? _____ **Age:** _____

Is this your trial Class? **Yes** **No** **Date:** _____

Student's First Name _____ Last Name _____

Guardian's First Name _____ Last Name _____

Address _____

City: _____ State: _____ Zip Code: _____

Phone _____ Email _____

Credit Card* Visa | MasterCard | Discover - AMEX

Name on Credit Card (if different than above) _____

First Name _____ **Last Name** _____ **CC Number** _____

Expiration Date - Month _____ Year _____

Card Verification Code _____

Any Comments/Questions/Concerns? _____

Please be advised that there is one time registration fee of \$25.00 per student.

Parent Signature

Class registering for :(circle one)

Acting/TV/FILM Improv Commercials

Instructor: _____

Start date for first lesson: _____

Student's Prior Acting Experience:

Student's Expectations: _____

Behavior in Class

LA Acting Academy, LLC located "13832 N,32nd Street,Phoenix, Arizona 85032 Suite #162 is great fun but it can also be physically and mentally demanding. Students need to have self-discipline in their approach to learning, actively participating, and listening to the tutor/coach and other students when required. This allows all students to have a positive learning experience and become valued members of our Academy ensemble. If a student is repeatedly disruptive in class to the point where other students are being affected, the tutor/coach will discuss with the **student/parent/guardian** if the student wishes to continue attending classes. If the disruptive behavior continues, enrolment will be cancelled and no refund will apply.

STUDENT-PARENT OR GUARDIAN: PLEASE READ, THEN SIGN AND DATE BOTTOM LINE

I certify that the above named enrollee has no condition that prohibits full participation in classes at LA Acting Academy, LLC. I release LA Academy, LLC located at 12840 N 19th Ave Phoenix, AZ 85029 and its employees, volunteers, and affiliates from all liability in connection to any personal injury and/or damage to or loss of personal property while engaged in class activity or walking/driving to/from class. In the event of a medical emergency, I grant the staff permission to engage in first aid (if trained) and if necessary to transport or have my child transported to the nearest Emergency Medical facility.

My child agrees to exercise care in the facility, and I agree to reimburse LA Acting Academy, LLC located at 12840 N 19th Ave ,Phoenix AZ 85029 for any personal breakage, damage or loss of property due to his/her negligence. It is my responsibility to cover any fees resulting from a check which has been returned by the bank. My money will be refunded only in the event that the class is cancelled.

I have read and understand the cancellation/refund policy.

I understand that if I have not paid the entire course fee in advance, I am responsible for the remaining payments, whether or not the student attends every session of the class.

Date_____ Signature_____