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### [www.sahkids.com](http://www.sahkids.com)

**Admissions Application Form**

**Kids/Teens**

**Personal Information**

# TALENT NAME

### Last Name: First Name:

**Parent/**

**Guardian :**

**PERMANENT ADDRESS**

Street Address:

City:

State:

Zip:

Country: Cell Phone:

Home Phone: E-mail:

Fax Number:

Skype ID:

Age:

TALENT Date of Birth (mm/dd/yyyy):

SAG-AFTRA



Gender:

Male Female

Talent have any previous experiences

If yes, please explain:

Yes No

Do you speak Spanish. Yes No

Country of Birth: Country of Citizenship:

How did you learn about the SAH?

**Emergency Contact Information**

### Name: Telephone:

Relationship:

**Sessions and Programs**

**When would you like to begin your studies? Choose one session only: Year:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Spring (12 ) | | | Fall (12 Weeks) | | |
| Summer A | (4 | Weeks) | Summer B | (4 | Weeks) |

**ESPECIAL SERVICES**



After School PM:\_\_ AM:\_\_  Lunch

* A $75 non-refundable Inscription Fee payable by money order or certified check (US bank), credit card, and personal check (US applicants only).

**Sociedad Actoral Hispanoamericana Liability Waiver and Acknowledgment of Risk:**

I understand and agree that in participating in any dance class, workshops, rehearsal or performance, there is a possibility of physical injury or death. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me or my child during any of Sociedad Actoral Hipanoamericana classes, rehearsals, performances, or activities.

1. All monthly tuition payments are due by each academic month (4 weeks) while my child is enrolled at SAH kids. Any payments made after the first class the academic.
2. There will be no refunds, extended payments or credits for classes.
3. All tuition and costume balances must be paid in full in order for my child’s costume to be released.
4. La Sociedad Actoral Hispanoamericana is not responsible for lost articles.

**I also exempt, release, and indemnify Sociedad Actoral Hispanoamericana, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by Sociedad Actoral Hispanoamericana.**

**I GIVE PERMISSION FOR MY CHILD’S PICTURE/VIDEOS TO BE: YES\_\_\_ NO\_\_\_**

**TAKEN FOR USE IN SAH-KIDS PROMOTIONS AND PUBLICITY.**

**I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.**

**I certify that to the best of my knowledge that the foregoing information I have provided on this application is accurate and correct.**

Print Name:

Signature:

Date:



**FOR OFFICIAL USE ONLY:**

Date Application Received:

Interview Date:

Scale (1-10)

Received by:

Interviewed by:

Accepted:

Yes

No