

Fall 2008
Soo Theatre Arts Resource Studios Student Registration

Office Use Only
Course: _____
Time: _____
Tuition: _____

Student Name: (Last) _____ (First) _____

Mailing Address _____ City/State/Zip _____

Home Phone (906) _____ Cell Phone (906) _____ Email _____
(Including email gives STARS permission to send event notices)

The information in *Italics* below is to be provided if the student is below 18 years of age.

Age _____ *Birth Date* ____/____/____ *Gender M F*

Family Information	Mother	Father
<i>Parent's Name (first, last)</i>		
<i>Parent's Address (if different from student's)</i>		
<i>Home Phone (if different)</i>		
<i>Other Phone (cell, etc)</i>		
<i>Employer's Name</i>		
<i>Employer's Phone</i>		
<i>E-mail Address</i>		
<i>Step-parent's Name</i>		
<i>Step-parent's Phone</i>		
<i>Step-parent's Employer</i>		
<i>Step-parent's Phone</i>		

<i>Person responsible for payment of fees</i>	
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Remarks (special needs or medical conditions we should know about)

Instructional Contact

Instructional contact is defined as the teacher placing hands on the student for an educational purpose. Unlike purely academic subjects, the performing arts involve the body, its movement and its muscular inter-relationships, and the teacher must be able to occasionally make gentle adjustments and corrections in posture, hand and arm position, breath control, embouchure, and so on. Before instructional contact is made, the teacher is to inform the student of the nature of the contact and obtain the student's permission.

By signing this form, the parent or guardian indicates his or her understanding of instructional contact as frequently necessary for progress and improvement in the performing arts subject.

Student _____

Parent / Guardian signature _____ **Date** _____