

EMIARTEFLAMENCO Academy



EMPOWERING CHILDREN AND ADULTS THROUGH FLAMENCO

BASIC INFORMATION	
Student's Name	Date of Birth
Address	
Parent's Name	Cell Phone
Email	Preferred Contact Method
	Phone Text Email
CLASS	INFO
EmiArteFlamenco Academy (EAFA), was Non-Profit Corporation to help childred minds, bodies, and hearts through the our program will promote confidence are found in the rich cultural tradition. We welcome you into our family!	en of all ages develop their e art of Flamenco. For our adults , strength, and artistic skills that
Please check the circle for which clas	s you are registering for
K-intro - Child Intro (Ages 3-5)	K1 - Child Beginner (Ages 6+)
K2- Child Intermediate	K3 - Youth Advanced
K4 -Youth Advanced (Ages 13+)	Adult (Ages 18+ all levels)



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DEMOGRAPHICS

Please note these demographics are collected as part of our compliance with New Mexico best policy as a non-profit organization, as well as for grants and funding purposes.

Thank you for your understanding.

Student's Name	Age
Race/Ethnicity	Gender
Preferred Pronouns	
Please check the circle that best de	escribes your household
Less than \$50,000 per year	\$50,000-\$75,000 per year
More than \$75,000 per year	



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Name Phone Number Alt. Phone Name Alt. Phone Alt. Phone



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RELEASE OF LIABILITY

I realize that participation in dance classes and activities could involve some possible personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, I assume all risks related to the use of any and all spaces used by EmiArteFlamenco Academy.

I agree to release and hold harmless EmiArteFlamenco Academy including its teachers, dancers, staff members, and facilities used by both entities from any cause of action, claims, or demands now and in the future.

I will not hold EmiArteFlamenco Academy liable for any personal injury or any personal property damage, which may occur on the premises before, during or after classes. Furthermore, I agree to obey the class and facility rules and take full responsibility for my behavior in addition to any damage I may cause to the facilities utilized by EmiArteFlamenco Academy.

In the event that I should observe any unsafe conduct or conditions before, during or after my/our classes, I agree to report the unsafe conduct or conditions to the Owner, Studio Manager or Staff member as soon as possible.

Name (print)	
Signature	
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HEALTH POLICY

We consider your health and safety a priority. At EAFA, we want all our staff, students, parents, and other members of our community to be able to come to our studio and know that they are in a safe and caring environment. In light of this, we ask that everyone who comes to our studio practice safe health habits.

We ask that if you or your child have any health issues that could affect your ability to participate, of if special needs should be accommodated, that you please let us know beforehand.

We ask that if you or your child is sick to please refrain from coming to the studio for class so as not to spread your illness to others.

Also, in accordance with the CDC guidelines, if you or your child are experiencing any symptoms of the COVID virus or have come in contact with anyone that has tested positive for COVID in the last 10 days that you contact a staff member right away and please do not come into the studio for class.

We ask that all students be prepared and bring their own water bottles to class and avoid bringing in any food items at this time. Please be mindful of other classes and students and be prompt to class as well as being sure to clear the studio for the next students.



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BILLING	
Student's Name	Date of Birth
Responsible Party	Phone
Payment Policy	
It is important that the payments are made as mark	ed below, so as not to
interfere with the learning progression of the studer	nt. Students will not be
allowed to attend class if payments are not made at	t appropriate times.
EAFA will not provide credits or refunds for misses of	classes.
Option 1: Payment made in Full at beginning of Option 2: Monthly payment. Option 3: 10 card pass (Adults only.) Must be used within 45 days of purchase	of semester.
Please Select a Payment Method below	
	ayments on PayPal - you an additional \$5 fee
As the responsible party, I fully understand and agree	to the
above policy of EAFA	
Signature	



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DONATION

Donating to EAFA Scholarships

We have also added the option to round up your tuition payment to contribute to our scholarship program, if you feel inclined.

Any donation is greatly appreciated, as it helps us in our efforts to grow the Academy and support more children/families in need.

Option 1: Donation of \$5 to help a child dance

Option 2: Donation of \$10 to help a child dance

Option 3: Donation of \$20 to help a child dance

Option 4: Donation of \$50 to help a child dance

Option 5: Donation of \$50 to help a child dance



Date

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PHOTO RELEASE

	PHOTO RELEASE
at various dance sp generally are used fo	nt you / your child may be photographed or videoed consored events and performances. these images r marketing and may be used on EmiArteFlamenco ebsite, as well as on social media.
	Yes, I give permission for me/my child to be photographed and/or videoed to be used on the website and social media.
	No, I do not consent to photos/videos of myself/my child being used on the website or social media.
Student's First and Last	name (printed)
Signature	