



# Mini-Moez Registration Form

## New Student Spring 2010

Student's Name: \_\_\_\_\_

Sex (Circle One): Male Female Date Of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents' names: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_

Phone number: (H) \_\_\_\_\_ (O) \_\_\_\_\_

Parent's Cell: \_\_\_\_\_

Email Address: (Parent's) \_\_\_\_\_

### **AGE 5-7 Years:**

- ◇ Chandler 12:30-2:30 PM ~ Tuesdays starting January 26, 2010 at Chandler Bible Church
- ◇ Glendale 12:30-2:30 PM ~ Wednesdays starting January 27, 2010 at W. Greenway Bible Church
- ◇ Surprise 12:30-2:30 PM ~ Thursdays starting January 28, 2010 at TBA
- ◇ North Phoenix 12:30-2:30 pm ~ Fridays starting January 29, 2010 at Moon Valley Bible Church  
Classes are subject to change based on the number of registrations received.

### **AGE 8-9 Years:**

- ◇ Chandler 2:30-4:30 PM ~ Tuesdays starting January 26, 2010 at Chandler Bible Church
- ◇ Glendale 2:30-4:30 PM ~ Wednesdays starting January 27, 2010 at W. Greenway Bible Church
- ◇ Surprise 2:30-4:30 PM ~ Thursdays starting January 28, 2010 at TBA
- ◇ North Phoenix 2:30-4:30 PM ~ Fridays starting January 29, 2010 at Moon Valley Bible Church  
Classes are subject to change based on the number of registrations received.

**Registration Fees:** Each class is only \$125 and only \$100 for each additional sibling. It includes the classes for the full semester and the end of semester production. Classes run for **12 weeks** with spring break occurring the week of March 8-12, 2010. Shows will be the week of April 19-23, 2010.

**REGISTER NOW!** Each class needs a minimum of 10 students and a maximum of 20. Student teacher ratio will be 4:1 in each class.

To register, mail this Form, Medical Release Form, Release of Liability and check for registration (full amount or \$25 deposit [balance due the first day of class]) payable to **MoezArt Productions** to:

**Kat Osten**  
**c/o: MoezArt Productions, Inc.**  
**1901 E. Siesta Lane**  
**Phoenix, AZ 85024**

Email all registration questions to [registration@moezartproductions.com](mailto:registration@moezartproductions.com)

# MEDICAL RELEASE FORM

I, \_\_\_\_\_ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child \_\_\_\_\_ . In the event of accident, injury, sickness, etc., I give my permission to MoezArt Productions, Inc. to initiate any and/or all medical treatment until I can be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

Parents' Name Phone#

Insurance Company Name

In case I cannot be reached, the following people are designated to act on my behalf.

Julie Mulkey

Kristen Jones

Steve Rodriguez

Havilah Weinhardt

Denise Cromer

## **Medical history**

Does your child have any of the following? (If yes, please explain):

Drug allergies \_\_\_\_\_

Asthma \_\_\_\_\_

Any other health problems or limitations: \_\_\_\_\_

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Medications your child is taking

Are there any special needs, emotional, physical, learning, etc., that we need to be aware of? If so, please list below:

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## **CONSENT FOR MEDICAL TREATMENT (MINOR)**

As the parent of legal guardian of the above named child, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

**Parent/Guardian:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# **RELEASE OF LIABILITY FOR MINOR PARTICIPANTS**

In Consideration of \_\_\_\_\_, my minor child, being allowed to participate in any way in MoezArt Productions, Inc. programs, related events, classes and activities, the undersigned acknowledges, appreciates and agrees that:

The risk of injury to my child from the activities involved in these programs is a possibility, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of injury does exist; and

For myself, spouse, and child, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my child's participation; and

I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from participation and bring such to the attention of the nearest official immediately; and

I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives, and next of kin, hereby release MoezArt Productions, Inc. and any of its rented facilities, its officers, officials, board member, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and leasers of premises' used to conduct the events and classes, with respect to any and all injury, disability, death, or loss or damage to person or property incident to my child's involvement in these programs whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law; and

I, for myself, my spouse, my child and on behalf of my/our heirs, assigns, personal representatives, and next of kin, hereby indemnify and hold harmless all of the about releasees from any and all liabilities incident to my involvement or participation in these programs or classes to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up these rights by signing it, and sign it freely and voluntarily without any inducement.

## **Understanding of Risk**

I understand the risks involved in participating in this program, by personal responsibilities for adhering to rules and regulations, and accept them as a participant.

X \_\_\_\_\_  
(Parent/Guardian Signature and Date)

Print Name \_\_\_\_\_