



Registration Form - Fall/Spring Group Classes

*For Private Music Lessons, please register directly with a staff member

Name _____ Date of Birth _____ Male Female
 Address _____ City _____ State _____ Zip _____
 Parent Name (if minor) _____ Home Phone _____
Please print clearly - email is our main form of communication:
 Email (of parent, if minor) _____ Cell _____
 How did you hear about Potomac Arts Academy and this class? _____
 Please specify any special needs or limitations of participant: _____

For minors only, please provide the following medical information:

Doctor Name _____ Doctor Phone _____
 Insurance Company _____

Course Title	Day/Time	Tuition	Materials Fee
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Visit our website PotomacAcademy.org to see if classes are currently open, full, or closed.

Payment Options: **Please make checks payable to George Mason University**

Total for program(s) from first page \$ _____
 Plus mandatory transaction fee \$ 3.00
Scholarship Donation (optional) \$ _____
 Total Amount Enclosed \$ _____

Credit Card Number _____ Expiration Date _____
 Name on Card _____ 3 or 4 digit security code on card _____
 Type of Credit Card (AmEx, Visa, MasterCard, Discover) _____
 Signature for payment _____

Note: We reserve the right to cancel or postpone any program or activity due to inclement weather or low enrollment. A service fee will be imposed for all returned checks and could result in refusal of future participation. All tuition costs include a **\$50 non-refundable registration fee**, except when classes are cancelled by Potomac Arts Academy.

Participant Waiver: In consideration of my, and/or my child's, participation in this activity I hereby release and discharge the Organization, and its representatives, successors and assignors, from any and all liability arising from accident, injury and illness that I (he/she) may suffer as a result of my (our) participation in this activity. I (we) also will follow the rules and regulations set out by the Organization and above named parties. Parent or guardian must sign for anyone age 18 and under. I do hereby grant and give these groups the right to use my and my child(s) photograph, image or video both singly and in conjunction with other persons or objects and presentations, advertising, publicity, and promotion relating thereto.

Signature _____ Date _____

**Please mail this form along with payment (checks made out to GMU) to:
 Potomac Arts Academy
 4260 Chain Bridge Rd
 Fairfax, VA 22030**