



Eagle Performing Arts Center

2025-2026 Adult Class Registration Form

Rev 10.30.2025

Student Name: _____

Address: _____

City: _____ Zip: _____

Phone Number: _____

Email: _____

Adult Classes: Ballet & Pilates (September 2, 2025 to May 21, 2026)	Pricing
<p><u>BALLET Classes:</u></p> <p>Monday, Tuesday, Thursday 9:30am - 11:00am Beginning / Intermediate Level</p> <p><u>PILATES Classes:</u></p> <p>Thursday 11:00am - 11:45am Pilates</p> <p>All Adult Class tuition to be Pre-Paid in advance. Tuition is on a punch card system. Expiration date is one year from date of purchase.</p>	<p>BALLET Single: \$25 5 Classes: \$100 10 Classes: \$180 20 Classes: \$320</p> <p>PILATES Single: \$15 5 Classes: \$60 10 Classes: \$110 20 Classes: \$200</p>

Total Due with Registration: \$_____

Please check one:

☐

Cash

☐

Check # _____

Make checks payable to: **EPAC**

☐

Credit Card

Card #: _____

Exp. Date: _____ CVV #: _____ Billing Zip Code: _____

Signature: _____

Signature required on back of page.

PLEASE INITIAL BEFORE EACH RELEASE. THANK YOU!

_____ MEDICAL CONSENT ~

In the event of injury, I hereby authorize the program officials of the Eagle Performing Arts Center, EPAC LLC to arrange for medical services as may be deemed reasonable and necessary to the welfare of the injured, and I do hereby release the Eagle Performing Arts Center, EPAC LLC and all others from all liability in taking such action, including all action which maybe contrary to personal religious beliefs. I, the undersigned, have read this Release and Consent to medical treatment and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

_____ LIABILITY RELEASE ~

I do hereby agree to release the Eagle Performing Arts Center, EPAC LLC and all other cooperating agencies, employees, officials, or managers thereof, from all liability for damages by reason of injures or property damages that may be sustained as a result of participation in this program.

_____ PHOTO RELEASE ~

I, the undersigned, hereby give Eagle Performing Arts Center, EPAC LLC, its agents, and/or assignees permission to use the photographs, videos or any reproductions of my physical likeness taken of me in any manner it deems proper. I relinquish all rights, title, and interest I may have in the finished pictures, negative, and copies. I waive the right of prior approval and hereby release Eagle Performing Arts Center, EPAC LLC its agents, and/or assignees from any and all claims from damage of any and all kinds based on the use of said material. I hereby warrant that I am a parent or legal guardian of the subject of photography, who is under eighteen years of age, and am competent to act in his/her behalf insofar as the above is concerned.

_____ WAIVER COVID ~

I do hereby agree I will not hold Elizabeth Keller, Eagle Performing Arts Center, EPAC LLC or its agents employees, or representatives liable for injuries sustained or illnesses contracted by a student at the school.

Signature: _____

Date: _____

