

ADULT PROGRAM REGISTRATION Spring 2026



Participant Information:

| | | | | |
|--------------------------|--------|------|---------------|--|
| Name: | | | | |
| Address: | City: | Zip: | | |
| Email: | Phone: | | | |
| Emergency Contact: | | | Relationship: | |
| Emergency Contact Phone: | | | | |

New Participants: First-time attendees must complete a one-time *Student Enrollment Form* and may attend an optional orientation prior to participating in multi-week classes at ACT. Please check if participant is new to ACT:

Caregiver Information: ACT's priority is to ensure students receive all needed accommodations; all students are permitted to attend with a caregiver if needed. Will the student be in class with a direct assistance caregiver? Yes No

SPRING Class Selection:

| | | |
|--------------------------|--|--------|
| <input type="checkbox"/> | Ukulele Club ONLY: Mondays, 4:00-4:45pm (6 sessions) | \$ 80 |
| <input type="checkbox"/> | Monday Music Combo - Ukulele Club AND Treble 5 Drummers (ACTion Drummers): Mondays, 4-5:45pm (13 sessions) | \$ 160 |
| <input type="checkbox"/> | WAIT LIST for Treble 5 Drummers (ACTion Drummers) ONLY: Mondays, 5-5:45pm (7 sessions) | |
| <input type="checkbox"/> | Bass 6 Drummers (ACTion Drummers): Mondays, 6:00-6:45pm (7 sessions) | \$ 80 |
| <input type="checkbox"/> | The Animal Kingdom: Tuesdays, 4:00-5:00pm (7 sessions) | \$ 80 |
| <input type="checkbox"/> | Musical Theatre Dance: Tuesdays, 5:15-6:15pm (8 sessions) | \$ 90 |
| Section Total | | |

**Classes require a minimum number of participants. If not reached, class will be canceled, and registered participants will receive a full refund or credit.*

TShirt Selection:

| | | |
|--|--|------|
| <input type="checkbox"/> | Ukulele Club TShirt (red) | \$15 |
| <input type="checkbox"/> | ACTion Drummers TShirt (black) | \$15 |
| <input type="checkbox"/> | ACTion Choir TShirt (blue) | \$15 |
| <input type="checkbox"/> | ACT General TShirt (black w/green ACT logo) | \$25 |
| Size (circle one): S M L XL 2XL | | |
| Section Total | | |

Would you like to add a 100% tax deductible donation to ACT?

Your donation will fund scholarships for students with financial need. Thank you for helping keep ACT programs accessible!

| | | |
|--------------------------|----------------|-------|
| <input type="checkbox"/> | \$25 donation | \$25 |
| <input type="checkbox"/> | \$50 donation | \$50 |
| <input type="checkbox"/> | \$100 donation | \$100 |
| Section Total | | |

Grand Total Due

Class payments are due by the first day of class.

Please sign the back of the form →

Payment:

| | | | | | | | |
|--------------------------------------|------------------------------------|--|------------------------------------|--|--------------|--|------|
| <input type="checkbox"/> Cash | Enclosed? <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> Check | Check Number: | | Enclosed? <input type="checkbox"/> | | | | |
| <input type="checkbox"/> Credit Card | Cardholder/name on card: | | | | Billing ZIP: | | |
| | Card #: | | | | CVV: | | Exp: |

Checks and this form can be mailed to:

Artists Creating Together
1140 Monroe Ave NW, Suite 4101
Grand Rapids, MI 49503

Assumption of the Risk and Waiver of Liability

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury, including exposure and/or transmission of COVID-19, to my student(s), caregivers or myself, of any kind, that I or my student(s) may experience or incur in connection with my student(s) participation in ACT programming ("Claims"). On my behalf, and on behalf of my student(s), I hereby release, covenant not to sue, discharge, and hold harmless ACT, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of ACT, its employees, agents and representatives.

Name of Parent/Guardian: _____ Signature: _____ Date: _____