

**Hofstra University**  
 255 Hofstra University, Oak Street Center, Hempstead, N.Y. 11549-2550  
 Phone: 516-463-5373 / Fax: 516-463-4836 / Email: [ce-precollegiate@hofstra.edu](mailto:ce-precollegiate@hofstra.edu)

**Please Print:**

Student's Last Name		Student's First Name			
Date of Birth	Age	Grade	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Street Name (Mailing Address)		City	State	Zip Code	
Home Phone Number		Parent E-mail			
Mother/ Guardian	Cell Number	Work Number			
Father/ Guardian	Cell Number	Work Number			
Emergency Contact Name		Emergency Contact Number			

**Check the box for the program you wish to attend**  
***NOTE: Transportation and Lunch are NOT included in the program***

Check Box	Program	Category	Dates	# of Weeks	Tuition
<input type="checkbox"/>	A0001: Filmmaking 101: Grades 6-8	Film	July 15 to 26	2	\$1,400
<input type="checkbox"/>	A0011: Sing-Songwriter Intensive: Grades 9-12	Music	July 1 to 5	1	\$700
<input type="checkbox"/>	A0012: LIHSA Sings: Grades 6-8	Music	July 8 to 12	1	\$700
<input type="checkbox"/>	A0013: High School Rock Band: Grades 9-12	Music	July 15 to 26	2	\$1400
<input type="checkbox"/>	A0014: Music at LIHSA: Grades 6-8	Music	July 22 to 26	1	\$700
<input type="checkbox"/>	A0020: Musical Theatre Production 1: Grades 6-8	Theatre	July 1 to 26	4	\$2,800
<input type="checkbox"/>	A0021: Musical Theatre Production 1: Grades 9-12	Theatre	July 1 to 26	4	\$2,800
<input type="checkbox"/>	A0023: Scenic Design and Special Effects: Grades 6-8	Theatre	July 1 to 12	2	\$1,400
<input type="checkbox"/>	A0024: Scenic Design and Special Effects: Grades 9-12	Theatre	July 15 to 26	2	\$1,400
<input type="checkbox"/>	A0025: The Musical Theatre Audition: Grades 11-12	Theatre	July 15 to 19	1	\$700
<input type="checkbox"/>	A0031: Painting Intensive: Grades 9-12	Visual Arts	July 1 to 5	1	\$700
<input type="checkbox"/>	A0032: Figure Drawing: Grades 9-12	Visual Arts	July 8 to 12	1	\$700
<input type="checkbox"/>	A0033: Visual Arts for Middle School: Grades 6-8	Visual Arts	July 15 to 26	2	\$1,400
<input type="checkbox"/>	A0034: Preparing a Portfolio for College: Grades 11-12	Visual Arts	July 15 to 19	1	\$700

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

## **Program Registration Agreement**

By registering my child(ren) to attend 2019 Hofstra and Nassau BOCES LIHSA Program ("Program"), I agree to the following terms and conditions:

- I am the parent or legal guardian of the child(ren) being registered.
- We accept Visa, MasterCard, American Express, or personal check. **Cash is never accepted.**
- Any cancellations for a Program session **MUST** be received in writing. Failure to attend a class does not constitute official withdrawal.
- There are no refunds for withdrawals after a course starts, all refunds will be issued in the original form of payment. A \$50 non-refundable withdrawal fee is applicable per program.
- No refund or credit will be given for Program closings, absences, family vacations, or withdrawals.
- I give permission for my child to participate in off-site trips and activities. I understand that scheduled off-site trip destinations may change due to weather conditions or administrative needs.
- Enrollment in Hofstra Programs establishes permission for a child to engage in all programs.
- I hereby acknowledge that I, on behalf of my child, myself and my family, understand that risks are involved in Program and assume all risks incurred from my child's participation in Program.
- I understand that I am responsible for my child's medical or medication needs and further agree that in an emergency and/or if I cannot be reached, the University, through its agents and employees, may take whatever action is deemed necessary with respect to my child's health and safety. I authorize the University, its agents and employees, to place my child, at their discretion and without my further consent, in a hospital or in the care of a medical professional for medical services and treatment. I understand that I will be fully responsible for any fees and expenses for any service and/or treatment.
- I understand and agree that my child will comply with the University's rules, standards and instructions. I understand that the University and its agents and employees have the right to enforce its standards and may at any time terminate my child's participation in Program for failure to maintain these standards or for any conduct which the University or its agents consider to be incompatible with the interest and welfare of my child, the other students or the University.
- I understand that I am solely responsible for any and all expenses related to injuries and/or loss or damage of personal property incurred in connection with my child's participation in Program.
- In consideration of my child being allowed to participate in Program, on behalf of my child, myself and my family, I hereby release and agree to hold Hofstra University, its trustees, directors, officers, employees, servants, representatives and agents harmless from and against any and all claims, losses, damages, expenses (including attorneys' fees, and all court and litigation costs) and liability (including statutory liability), resulting from injury and/or death of any person or damage to or loss of any property arising out of or in any way connected with the Program and my child's participation therein.
- I agree that photographs, whether still or action, videos, film and/or motion pictures (hereinafter "Pictures"), and/or audio recordings ("Recordings"), may be taken of my child by or on behalf of Hofstra University and in connection with Program, and, without any compensation or further notification or approval by me or my child, grant to Hofstra University, its agents, employees, others working on Hofstra University's behalf ("Hofstra") the unlimited, perpetual, worldwide, unconditional and irrevocable right and license to use, distribute, publish, exhibit, digitize, broadcast, display, reproduce, make commercial use of and otherwise use directly or indirectly the Pictures, Recordings and/or my child's image, voice, likeness and/or video footage in any form, format or media ("Media"), for any purpose, including but not limited to advertising or trade or University-related activity in promoting or providing information about University and its educational and Program services and agree that all rights therein shall irrevocably, exclusively, unconditionally and perpetually belong to Hofstra University.
- I hereby agree on behalf of myself and on behalf of my child, to release and discharge Hofstra University, its officers, representatives, employees, agents, licensees, successors and assigns from any and all claims, demands or causes of action that I or my child may now have or may hereafter have for libel, defamation, invasion of privacy or right of publicity, infringement of copyright or violation of any other right arising out of or relating to any utilization of the Pictures, Recordings, or Media.

I have read and agree to the above: \_\_\_\_\_

**REGISTRATION WILL NOT BE PROCESSED WITHOUT A SIGNATURE**

### **Payment Method**

Payment Amount: \_\_\_\_\_ Credit Card:  Visa  MasterCard  American Express  Check # \_\_\_\_\_

Card Number: \_\_\_\_\_ Card Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Security Code: \_\_\_\_\_

[AmEx card utilizes 4-digits]

Signature: \_\_\_\_\_



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MEDICAL HISTORY FORM

This form is to be filled out by the parent/guardian of the student.
This medical history MUST be completely filled out and returned with your child's registration.

Student's Name \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Male [ ] Female [ ]

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Work/Cell \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Work/Cell \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Health History: (Check box if applicable and use line to explain)

- Checkboxes for Allergies, Asthma, Bleeding/Clotting Disorder, Diabetes, Dietary Restrictions, Disabilities/Chronic Illness, Frequent Ear Infections, Medications Take, Heart Defect/Disease, Hyper/Hypotension, Mononucleosis, Operations/Injuries, Physical Limitations, Psychiatric Treatment, Seizure Disorders, Other.

Pertinent Family History: \_\_\_\_\_

Name of Student's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you carry family medical/hospital insurance [ ] Yes [ ] No

If yes, indicate carrier: \_\_\_\_\_ Policy or group number \_\_\_\_\_

IMPORTANT- PARENT/GUARDIAN MUST SIGN

I hereby give permission for Program medical staff to provide routine treatment to my child. I understand that I am responsible for my child's medical or medication needs and further agree that in an emergency and/or if I cannot be reached, the University, through its agents and employees, may take whatever action is deemed necessary with respect to my child's health and safety.

Signature: \_\_\_\_\_ Date \_\_\_\_\_