

**Hofstra University**  
255 Hofstra University, Oak Street Center, Hempstead, N.Y. 11549-2550  
Phone: 516-463-7676 / 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		

**\*\*Office Use Only\*\***

**Program's Attending**

<b>Week #1</b>	<b>July 6 to 9</b>	
<b>Week #2</b>	<b>July 12 to 16</b>	
<b>Week #3</b>	<b>July 19 to 23</b>	
<b>Week # 4</b>	<b>July 26 to 30</b>	

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

Check Box	Program	Category	Start Date	End Date	Tuition
<input type="checkbox"/>	A0041: Rock Band: Grades 7-12	Music	7/6/2021	7/9/2021	\$ 700.00
<input type="checkbox"/>	A0043: Jazz, Blues & Funk: Grades 7-12	Music	7/12/2021	7/16/2021	\$ 700.00
<input type="checkbox"/>	A0045: British Pop: Grades 7-12	Music	7/19/2021	7/23/2021	\$ 700.00
<input type="checkbox"/>	A0049: Classical Music Ensemble: Grades 7-12	Music	7/26/2021	7/30/2021	\$ 700.00
<input type="checkbox"/>	A0101: Audition Bootcamp: Grades 7-12	Theatre	7/6/2021	7/9/2021	\$ 700.00
<input type="checkbox"/>	A0103: Improvisation: Grades 7-12	Theatre	7/12/2021	7/16/2021	\$ 700.00
<input type="checkbox"/>	A0105: Broadway Theatre Dance: Grades 7-12	Theatre	7/19/2021	7/23/2021	\$ 700.00
<input type="checkbox"/>	A0107: Acting for the Camera: Grades 7-12	Theatre	7/26/2021	7/30/2021	\$ 700.00
<input type="checkbox"/>	A0109: Musical Theatre Production: Grades 7-12	Theatre	7/6/2021	7/30/2021	\$ 2,800.00
<input type="checkbox"/>	A0201: Character Design and Transformation: Grades 7-12	Film Making & Special Effects	7/6/2021	7/16/2021	\$ 1,400.00
<input type="checkbox"/>	A0203: Film Production and Editing: Grades 7-12	Film Making & Special Effects	7/19/2021	7/23/2021	\$ 700.00
<input type="checkbox"/>	A0301: Cartoon Animating: Grades 7-12	Visual & Media Arts	7/6/2021	7/9/2021	\$ 700.00
<input type="checkbox"/>	A0303: Printmaking: Grades 7-12	Visual & Media Arts	7/12/2021	7/16/2021	\$ 700.00
<input type="checkbox"/>	A0305: Photography: Grades 7-12	Visual & Media Arts	7/19/2021	7/23/2021	\$ 700.00
<input type="checkbox"/>	A0306: Preparing a College Portfolio: Grades 11-12	Visual & Media Arts	7/26/2021	7/30/2021	\$ 700.00
<input type="checkbox"/>	A0307: Fundamentals of Visual Arts: Grades 7-10	Visual & Media Arts	7/26/2021	7/30/2021	\$ 700.00
<input type="checkbox"/>	A0309: Graphic Design: Grades 7 to 12	Visual & Media Arts	7/6/2021	7/16/2021	\$ 1,400.00
<input type="checkbox"/>	A0310: Pre-Professional Dance Intensive: Grades 11-12	Dance	7/6/2021	7/6/2021	\$ 700.00
<input type="checkbox"/>	A0311: Commercial Dance Intensive A: Grades 11-12	Dance	7/12/2021	7/16/2021	\$ 700.00
<input type="checkbox"/>	A0312: Commercial Dance Intensive B: Grades 11-12	Dance	7/19/2021	7/23/2021	\$ 700.00
<input type="checkbox"/>	A0313: Choreography Intensive: Grades 11-12	Dance	7/26/2021	7/30/2021	\$ 700.00

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

## **Program Registration Agreement**

By registering my child(ren) to attend 2021 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.
- Please note that opening of in-person programs will be subject to all then-current New York State and Nassau County Department of Health requirements and guidance. Any individual visiting the Hofstra campus or attending on-campus programs or programs will be required to follow all such rules and University policies relating to health and safety and Nassau BOCES health and safety policies. Participants will be notified of University policies prior to the start of any classes.

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: \_\_\_\_\_



255 Hofstra University, Oak Street Center, Hempstead, N.Y. 11549-2550
Phone: 516-463-7676 / Fax: 516-463-4836 / Email: ce-precollegiate@hofstra.edu

MEDICAL HISTORY FORM

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

Student 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)

- Allergies
Asthma
Bleeding/Clotting Disorder
Diabetes
Dietary Restrictions
Disabilities/ Chronic Illness
Food Allergies (Specify)
Frequent Ear Infections
Medications Taken
Heart Defect/Disease
Hyper/Hypotension
Mononucleosis
Operations/Injuries
Physical Limitations
Psychiatric Treatment
Seizure Disorders
Other

Is this student fully immunized: Yes No

Pertinent Family History:

Name of Students Physician: Phone #:

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. 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, and to arrange necessary related transportation for me and/or my child. I understand that I will be fully responsible for any fees and expenses for any service and/or treatment. This completed form may be photocopied for off-campus trips.

Signature: Date