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### [www.sociedadactoral.com](http://www.strasberg.com/)

**Admissions Application Form**

**Adults**

**Personal Information**

# LEGAL NAME

### Last Name: First Name:

Middle Name:

**MAILING ADDRESS**

Street Address:

City: State: Zip:

Country:

**PERMANENT ADDRESS**

Street Address:

City:

State:

Zip:

Country: Cell Phone:

Home Phone: E-mail:

Fax Number:

Skype ID:

Age:

Date of Birth (mm/dd/yyyy):

SAG-AFTRA



Gender:

Male Female

Are you a citizen of the United States?

Yes No

Do you have a Green Card or any other type of Visa? If yes, please explain:

Yes No

Do you speak spanish. Yes No

Country of Birth: Country of Citizenship:

How did you learn about the SAH?

**Emergency Contact Information**

### Name: Telephone:

Relationship:

**Sessions and Programs**

**When would you like to begin your studies? Choose one session only: Year:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Spring (12 ) | | | Fall (12 Weeks) | | |
| Summer A | (4 | Weeks) | Summer B | (4 | Weeks) |

**I am interested in applying for: DOMESTIC STUDENTS ONLY**



Part-time (2-4 hours per week)  Full-time (5-10 hours per week)

* A $75 non-refundable Inscription Fee payable by money order or certified check (US bank), credit card, and personal check (US applicants only).
* One Photo for identification purposes only (passport size preferred).

**Sociedad Actoral Hispanoamericana Liability Waiver and Acknowledgment of Risk:**

I understand and agree that in participating in any dance class, workshops, rehearsal or performance, there is a possibility of physical injury or death. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me or my child during any of Sociedad Actoral Hipanoamericana classes, rehearsals, performances, or activities.

1. All monthly tuition payments are due by each academic month (4 weeks) while my child is enrolled at SAH kids. Any payments made after the first class the academic.
2. There will be no refunds, extended payments or credits for classes.
3. All tuition and costume balances must be paid in full in order for my child’s costume to be released.
4. La Sociedad Actoral Hispanoamericana is not responsible for lost articles.

**I also exempt, release, and indemnify Sociedad Actoral Hispanoamericana, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by Sociedad Actoral Hispanoamericana.**

**I certify that to the best of my knowledge that the foregoing information I have provided on this application is accurate and correct.**

Print Name:

Signature:

Date:



**FOR OFFICIAL USE ONLY:**

Date Application Received:

Interview Date:

Scale (1-10)

Received by:

Interviewed by:

Accepted:

Yes

No