

# arts education

## DEVELOPS THE WHOLE PERSON—BODY, MIND & IMAGINATION

The spirit of Dr. Phillips Center classes and programs at our AdventHealth School of the Arts is to serve our diverse audience by providing exceptional performing arts education that inspires and connects you to transformative experiences. Our purpose is to enrich the lives of Central Floridians and strengthen the value of the performing arts in their everyday lives.

Everyone grows from participating in the arts. Learning from professional performing artists motivates and inspires students to unleash their unique creative potential. Our goal is to open our doors to everyone and use our incredible facilities, performers, producers, teaching artists and partners to unlock talent and open minds. Whether on the stage, in the classroom, in hospitals or in senior centers—working with individual students, community groups or under-served residents—our classes, master classes and outreach programs create an avenue to experience the world in a new way.

### STUDENT & PARENT/GUARDIAN BEHAVIOR CONTRACTS

All students and parents/guardians are required to sign commitment contracts. These contracts help the School of the Arts run smoothly and ensure that everyone has a positive experience.

#### STUDENT BEHAVIOR CONTRACT

*(all items may not pertain to each student)*

- I will be in the facility, dressed and ready to go, five minutes before the start time of my class.
- When attending class, I will be prepared with all of the essential tools and wardrobe pieces to make the class successful for myself and those around me.
- I will call **407.455.5551** if I know that I will be late for class.
- I will respect and take care of all School of the Arts equipment by using it only for its intended purpose.
- I will return all equipment to its proper place.
- When using School of the Arts equipment I will take sole responsibility for lost or damaged property.
- I will clean up after myself.
- I will not chew gum during class.
- I will only drink and eat in designated areas.
- I will be focused throughout class and listen to my teacher's directions.
- I will respect my peers and teachers by listening and behaving properly.
- I will keep a positive attitude when in the building.
- I will have good behavior in and out of the classroom while in the building.
- I will respect the judgment of School of the Arts faculty regarding my progress in the program.
- I will be respectful of different viewpoints, cultures and lifestyles.



## PARENT/GUARDIAN BEHAVIOR CONTRACT

- I will support my dependent in his or her efforts while attending the School of the Arts by making sure he or she is on time to class and has a good attitude toward other students and teachers.
- I will be responsible for my dependent's participation in the School of the Arts.
- I will respect the judgment of School of the Arts faculty in all situations.
- I will notify the School of the Arts of any anticipated absences, via email or in writing as soon as I can.
- I will try to call ahead if an unexpected absence occurs.
- I will maintain a mature attitude in dealing with issues that may occur throughout the process.
- I will be respectful of different viewpoints, cultures and lifestyles.

## REGISTRATION & FEES

*You can register for a class by:*

- Visiting [drphillipscenter.org/classes](http://drphillipscenter.org/classes)
- Calling 407.455.5551 with credit card information Monday–Friday, 9 a.m.–5 p.m.
- Mailing credit card information or a check with an order form to:
  - Dr. Phillips Center for the Performing Arts
  - Attn: School of the Arts
  - 155 East Anderson Street, Orlando, FL 32801
- Making an appointment to visit us Monday–Friday, 9 a.m.–5 p.m.

Tuition must be paid in full at the time of registration. Please check the course catalog on our website for class tuition. Fees are non-refundable unless the class is canceled, in which case tuition will be refunded in full.

## ATTENDANCE POLICY

For each student to receive a proper educational experience, attendance is necessary. Classes are a team effort and when one student misses, another student may miss out on an educational opportunity. We suggest that each student and family compare the School of the Arts schedule to the student's school and club schedules so that there are as few conflicts as possible. Please email [classes@drphillipscenter.org](mailto:classes@drphillipscenter.org) as soon as possible if you notice an unavoidable conflict. All planned absences must be in writing and delivered to the school staff. If an unexpected absence occurs please call or email as soon as you can so we can plan accordingly.

No refunds will be provided due to absences.

Students may leave class early with a written and signed permission from a parent/guardian.

## SCHOLARSHIP ABSENCES

Scholarship students are expected to attend all days of class. If you know in advance multiple absences may occur, please notify the School of the Arts staff immediately.



## EMERGENCY CONTACT

In case of emergency during class, please contact us at **407.455.5551**. Please fill out the medical information form attached to this handbook so we can be prepared to help your student in case of an emergency.

## CONDUCT POLICY

Please refer to the Behavior Contracts for the School of the Arts (page 3) expectations of students and parents/guardians. We expect anyone participating in the School of the Arts to be responsible and appropriate at all times. We expect students to treat all classrooms, the facility and classroom tools with care and respect, as well as handle everything carefully and help the faculty of the School of the Arts to keep the building and studios clean.

By signing the contract, you acknowledge that you will follow our policies. We will do everything in our power to help correct issues before they become serious. However, if issues persist and are not fixed by either the family or student, then the student will be expelled with no refund.

## DISCIPLINARY PROCESS

- » 1st offense: A verbal warning is issued to the student in a written format.
- » 2nd offense: A written warning is filed by the instructor and given to the manager who will contact the parent/guardian about the issue.
- » 3rd offense: The Senior Manager, Education will have a meeting with the student, parent/guardian, and class instructor to discuss the issue.
- » 4th offense: The student will be expelled from the School of the Arts with no refund.

## CLASS CONCERNS

If a student or guardian has a concern regarding a class or any other issue, please contact an education staff person, who will take the appropriate steps, which may include notifying the manager.



# handbook agreement form

By signing, you agree that both student and parent/guardian have read the entirety of this document and the attached materials. You agree to our terms and conditions within these documents.

## PLEASE SIGN

---

student name (*please print*)

---

student signature

---

date

---

parent/guardian name (*please print*)

---

parent/guardian signature

---

date



# sign-in & sign-out waiver

VALID JULY 1, 2020–JUNE 30, 2021

**This waiver is optional for ages 13+**

- I agree that my student is 13 years or older and I am allowing them to sign themselves in and out of classes.
  
- I agree that my student is 16 years or older and I am allowing them to sign themselves in and out of classes and walk themselves to and from their parking spot.

By signing this form I, \_\_\_\_\_ (parent/guardian),  
of \_\_\_\_\_ (student), understand that  
Dr. Phillips Center does not have liability or responsibility of my student outside the hours of their class time.  
I agree to let my student sign themselves in and out of classes.

**PLEASE SIGN**

\_\_\_\_\_  
student name *(please print)*

\_\_\_\_\_  
student signature

\_\_\_\_\_  
date

\_\_\_\_\_  
parent/guardian name *(please print)*

\_\_\_\_\_  
parent/guardian signature

\_\_\_\_\_  
date

# liability & media release

VALID JULY 1, 2020–JUNE 30, 2021

## MEDICAL INFORMATION & FOOD ALLERGIES

Please list any medical conditions that may affect your child's participation, as well as any food allergies:

## ASSUMPTION OF RISK & RELEASE FOR LIABILITY

Knowing that participation in the program entails some risks, and in consideration of my child being permitted to participate in the program, I agree to release Dr. Phillips Center from any and all costs, claims, injury or illness resulting from my child's participation in the program. I agree that neither Dr. Phillips Center for the Performing Arts, nor any of its employees, independent contractors, directors and/or officers will be held liable for any injury which may occur to me or my child while attending a class, camp or workshop. This includes, but is not limited to, any activities in which I/he/she may participate including classes in singing, acting, dancing, physical comedy, stage craft, theatrical mask work, warm-up exercises and/or breaks. I grant Dr. Phillips Center staff permission to contact emergency services and permit treatment should I/my child become injured and I am unable to provide direct authorization for services. I hereby release Dr. Phillips Center and their respective employees, independent contractors, directors and/or officers from any and all legal or financial claims.

## MEDIA RELEASE

Students are sometimes photographed and videotaped for use in Dr. Phillips Center for the Performing Arts promotional and educational materials. I authorize Dr. Phillips Center to record the image and voice of the subject named below and give Dr. Phillips Center and all persons or entities acting pursuant to Dr. Phillips Center's permission or authority to use these recorded images and voice. I understand said images and/or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media. I also authorize the use of any printed material in connection therewith. I understand and agree that these images and recordings may be duplicated, distributed with or without change, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

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print name of parent/guardian

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print name of minor child

---

signature of parent/guardian

---

date



dr. phillips  
center

AdventHealth School of the Arts

407.455.5551

classes@drphillipscenter.org  
drphillipscenter.org/classes

# liability & media release

VALID JULY 1, 2020–JUNE 30, 2021

## NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE CENTER USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE CENTER OR THE REMAINING RELEASEES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE CENTER HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

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print name of minor child

---

print name of parent/guardian

---

signature of parent/guardian

---

date



# release of liability & assumption of risk relating to coronavirus/covid-19

VALID JULY 1, 2020–JUNE 30, 2021

The individual named below (referred to as “I,” “me,” or “my”) desires for my child to participate in a class or program (the “Program”) hosted by the Dr. Phillips Center for the Performing Arts, Inc. (the “Center”). As consideration for my child being permitted by the Center to participate in the Program, I agree to all of the terms and conditions set forth in this agreement (the “Agreement”), on behalf of myself and on behalf of the minor child listed below.

I UNDERSTAND THAT AN INHERENT RISK OF EXPOSURE TO THE NOVEL CORONAVIRUS/ COVID-19 (“COVID-19”) EXISTS IN ANY PUBLIC PLACE WHERE PEOPLE ARE PRESENT. I UNDERSTAND THAT COVID-19 IS A HIGHLY CONTAGIOUS DISEASE THAT MAY RESULT IN PERSONAL INJURY, SEVERE ILLNESS, AND DEATH. I UNDERSTAND THAT THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF THE CENTER MAY INCREASE MY OR MY CHILD’S RISK OF EXPOSURE TO COVID-19. I ACKNOWLEDGE THAT I AM VOLUNTARILY ALLOWING MY CHILD TO PARTICIPATE IN THE PROGRAM WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS OF INJURY, ILLNESS, OR DEATH TO ME OR MY CHILD, WHETHER CAUSED BY THE NEGLIGENCE OF THE CENTER OR OTHERWISE.

I hereby expressly waive and release any and all claims, now known or hereafter known, against the Center, and its officers, directors, employees, agents, affiliates, members, successors, and assigns (collectively, “Releasees”), on account of injury, illness, or death to me or my child arising out of or attributable to my child’s participation in the Program, whether arising out of the negligence of the Center or any Releasees or otherwise. I covenant not to make or bring any such claim against the Center or any other Releasee, on behalf of myself, my child, or any other person, and forever release and discharge the Center and all other Releasees from liability under such claims.

If any term or provision of this Agreement is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction. This Agreement is binding on and shall inure to the benefit of the Center and me and their respective successors and assigns. All matters arising out of or relating to this Agreement shall be governed by and construed in accordance with the internal laws of the State of Florida without giving effect to any choice or conflict of law provision or rule thereof. Any claim or cause of action arising under this Agreement may be brought only in the federal and state courts located in Orange County, Florida, and I hereby consent to the exclusive jurisdiction of such courts.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS AGREEMENT AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE CENTER.

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print name of parent/guardian

---

print name of minor child

---

signature of parent/guardian

---

date





# emergency contact form

VALID JULY 1, 2020–JUNE 30, 2021

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student name

---

emergency phone numbers (in order of who to call first)

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1. parent/guardian name

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phone number

---

2. parent/guardian name

---

phone number

---

additional emergency contact

---

phone number

---

relationship

can this person pick up your child?  yes  no

list any other individuals that have your permission to pick up your child, with their phone numbers:

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name

---

name

## PLEASE SIGN

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student signature (or parent/guardian, if minor)

---

date

# medical release form

VALID JULY 1, 2020–JUNE 30, 2021

\_\_\_\_\_  
student name

\_\_\_\_\_  
birthdate mm/dd/yyyy

do you or your child have allergies? (please list)

if so, specify any special instructions for allergic reactions.

do you or your child have any other medical conditions, physical ailments or psychological adjustments that the instructors should know about? (please explain)

is the student on any medication?

(name) \_\_\_\_\_ (reason) \_\_\_\_\_

if medication is taken during class hours, please clearly label it and include a note with instructions.

\_\_\_\_\_  
primary care physician

\_\_\_\_\_  
name of medical insurance

\_\_\_\_\_  
policy number

in case of emergency, I prefer my child is taken to this hospital:

check here for no preference on nearest hospital

## PLEASE SIGN

\_\_\_\_\_  
student signature (or parent/guardian, if minor)

\_\_\_\_\_  
date

