

Caffeine[®]

A C A D E M Y

DJ | MUSIC | VIDEO | PRODUCTION | EDUCATION

CAFFEINE ACADEMY 1015 SUNRISE HIGHWAY WEST BABYLON NY 11704 (631) 321-8800

STUDENT LEGAL NAME

DOB

AGE

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STREET ADDRESS

CITY

ZIP

STATE

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PARENT / GUARDIAN NAME(S)

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PHONE

EMAIL (THIS IS USED FOR BILLING PURPOSES. PLEASE GIVE AN EMAIL ADDRESS THAT IS CHECKED OFTEN)

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FISCAL INTERMEDIARY

CONTACT PERSON

--	--

PHONE

EMAIL

--	--

BROKER NAME

--

PHONE

EMAIL

--	--

WHICH CLASSES ARE YOU MOST INTERESTED IN: **CHECK ALL THAT APPLY**

DJ / MUSIC & VIDEO COMBO

MEDIA / VIDEO

MUSIC PRODUCTION

DJ CLASSES

DO YOU HAVE ANY EXPERIENCE

--

HOW DID YOU HEAR ABOUT US?

SOCIAL MEDIA

BROKER

WEBSITE

OTHER

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WHAT IF ANY IS THE DEVELOPMENTAL DISORDER THAT THE STUDENT IS DIAGNOSED WITH?

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DOES THIS STUDENT NEED A STAFF MEMBER WITH THEM DURING CLASSES? **YES OR NO**

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PSYCHOLOGICAL / BEHAVIORAL INFORMATION

ARE THERE ANY PSYCHOLOGICAL DIAGNOSES WE NEED TO BE AWARE OF?

ARE THERE ANY BEHAVIORAL CONCERNS WE NEED TO BE AWARE OF?

HAS THIS STUDENT ENGAGED IN ANY AGGRESSIVE BEHAVIORS (I.E. PHYSICAL AGGRESSION, PROPERTY DESTRUCTION) WITHIN THE LAST 12 MONTHS? **YES OR NO**

IF YES PLEASE EXPLAIN

HAS THIS STUDENT SUFFERED FROM ANXIETY OR PANIC ATTACKS WITHIN THE LAST 12 MONTHS? **YES OR NO**

IF YES, WHEN DID IT OCCUR AND WHAT CAUSED IT?

WHAT ARE THE WARNING SIGNS PRIOR TO AN ANXIETY OR PANIC ATTACK?

WHAT WORKS BEST FOR THIS STUDENT WHEN AN ANXIETY OT PANIC ATTACK OCCURS?

DOES THIS STUDENT NEED BREAKS? **YES OR NO**

AFTER HOW MANY MINUTES OF FOCUSING?

<input type="text"/>	<input type="text"/>
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ARE THERE ANY SPECIAL RESPONSES WE SHOULD HAVE WHEN WE PROVIDE FEEDBACK TO THE STUDENT?

WHAT MOTIVATES THIS STUDENT TO PERFORM WELL?

MEDICAL INFORMATION

ARE THERE ANY MEDICAL DIAGNOSES WE NEED TO BE AWARE OF?

ARE THERE ANY ALLERGIES WE NEED TO BE AWARE OF?

DOES THIS STUDENT HAVE A HISTORY OF SEIZURES? **YES OR NO**

IF YES WHAT TYPE OF SEIZURE?

WHEN DID THE LAST SEIZURE OCCUR?

WHAT CAN CAUSE THESE SEIZURES?

<input type="text"/>	<input type="text"/>
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WHAT ARE THE WARNING SIGNS PRIOR TO A SEIZURE?

ARE THERE ANY OTHER MEDICAL ISSUES WE SHOULD BE AWARE OF?

*WE RESERVE THE RIGHT TO REFUSE SERVICE TO ANYONE FOR ANY REASON



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VIDEO / PHOTOGRAPHY RELEASE FORM

I hereby grant Caffeine Academy the irrevocable right and permission to *use* photographs and/or video recordings of me on Caffeine Academy and other social media and in publications, promotional flyers, educational materials, derivative works, or for any other similar purpose without compensation to me.

I understand and agree that such photographs and/or video recordings of me may be placed on the Internet. I also understand and agree that I may be identified by name and/or title in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of me. I waive the right to approve the final product.

I hereby release, acquit and forever discharge Caffeine Academy and employees of the above-named from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

I hereby warrant that I am eighteen (18) years old or more and competent to contract in my own name, or, *if* I am less than eighteen years old or cannot contract in my own name, that my parent or guardian has signed this release form below. This release is binding on me and my heirs, assigns and personal representatives.

SIGNATURE OF INDIVIDUAL PHOTOGRAPHED / RECORDED

DATE

--	--

PRINTED NAME OF INDIVIDUAL PHOTOGRAPHED / RECORDED

--

SIGNATURE OF WITNESS

DATE

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If individual photographed/recorded is under eighteen (18) years old or cannot contract in their own name, the following section must be completed: I have read, and I understand this document. I understand and agree that it is binding on me, my child or adult (named above), our heirs, assigns and personal representatives. I acknowledge that I am eighteen (18) years old or more and that I am the parent or guardian of the child or adult named above.

SIGNATURE OF PARENT / GUARDIAN OF INDIVIDUAL PHOTOGRAPHED / RECORDED **DATE**

--	--

PRINTED NAME OF PARENT / GUARDIAN

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SIGNATURE OF WITNESS

DATE

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