

# Student Registration Form

## School Year Programs 2018 / 2019

(One Form Per Child Please)



Student Name: \_\_\_\_\_ Gender:  Male  Female  
FIRST LAST

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Allergies: \_\_\_\_\_  
AS OF SEPT. 1<sup>ST</sup> PLEASE LIST BRIEFLY

Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_ / \_\_\_\_\_  
2018-2019 YEAR NAME OF SCHOOL SCHOOL DISTRICT

Child lives with:  Mother & Father  Mother  Father  Other:

Adult 1: \_\_\_\_\_ (Person listed will be the primary contact.)  
FIRST NAME LAST NAME

Relationship to child:  Mother  Father  Other: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

Email address: \_\_\_\_\_  
MANDATORY INFORMATION - PLEASE PRINT CLEARLY - THIS IS A PRIMARY FORM OF CONTACT

Cell (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_  
PLEASE INDICATE PREFERRED PHONE # PLEASE INDICATE PREFERRED PHONE #

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Adult 2: \_\_\_\_\_  
FIRST NAME LAST NAME

Relationship to child:  Mother  Father  Other: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

Email address: \_\_\_\_\_  
MANDATORY INFORMATION - PLEASE PRINT CLEARLY - THIS IS A PRIMARY FORM OF CONTACT

Cell (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_  
PLEASE INDICATE PREFERRED PHONE # PLEASE INDICATE PREFERRED PHONE #

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
FIRST NAME LAST NAME

Relationship to child: \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_  
PLEASE INDICATE PREFERRED PHONE # PLEASE INDICATE PREFERRED PHONE #

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## School Year Programs

### 2018 / 2019



PLEASE SIGN AND INITIAL WHERE INDICATED

**Please consult the 2018-2019 schedule for all dates, times, and pricing information before registering.**

The Director reserves the right to cancel, alter or add additional classes due to lack of minimal enrollment, or for any other reason. *You will be notified of any changes through the contact information you provide on side 1 of this form.* **Total Costs Below.**

Class Name: \_\_\_\_\_ Time: \_\_\_\_\_ - \_\_\_\_\_

Day(s): \_\_\_\_\_ **COST: \$** \_\_\_\_\_  
LIST ALL DAYS HELD : M Tu W Th F S

Class Name: \_\_\_\_\_ Time: \_\_\_\_\_ - \_\_\_\_\_

Day(s): \_\_\_\_\_ **COST: \$** \_\_\_\_\_  
LIST ALL DAYS HELD : M Tu W Th F S

Class Name: \_\_\_\_\_ Time: \_\_\_\_\_ - \_\_\_\_\_

Day(s): \_\_\_\_\_ **COST: \$** \_\_\_\_\_  
LIST ALL DAYS HELD: M Tu W Th F S

**REG/INSURENCE FEE: \$** \_\_\_\_\_

**TUITION: \$** \_\_\_\_\_

**TOTAL: \$** \_\_\_\_\_

**LIABILITY & MEDICAL RELEASE:**

I am aware that dance training and the athletic exercises associated with it place unusual stress on the body and carries a risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume the risk and agree that Providence Ballet shall not be liable in any way for injuries sustained during attendance, dance class or any related functions. I understand that good dance training involves touching and adjustment of the student's body by the instructor. I further acknowledge that neither Providence Ballet nor its instructors are responsible for any loss of or damage to the student's personal property.

In the event that I cannot be reached, I hereby give my permission to the management, faculty, staff and chaperones of Providence Ballet to authorize any emergency medical care that may be required by the student registered on the reverse side of this form during participation in classes, performances, or any related Providence Ballet events. This authorization extends throughout the current academic year. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

Insurance carrier: \_\_\_\_\_ Provider: \_\_\_\_\_

Policy number: \_\_\_\_\_ Group #: \_\_\_\_\_

Primary Care Doctor: \_\_\_\_\_ **X** \_\_\_\_\_ (initial)

**PUBLICITY RELEASE:**

I hereby authorize Providence Ballet to record the student's picture and voice on photographs, films, tapes and digital recordings, to edit these recordings at its discretion, and to incorporate these recordings into media, movie and sound recordings on tape, radio or television broadcast programs, website publication, webcasts and/or digital or print media. I also give my permission to Providence Ballet to use and license others to use these materials for publicity advertising, media and sales promotion, and to use the student's name, likeness, voice, and biographic or other information in connection with them. I acknowledge that no promises of compensation are made by Providence Ballet for such use.

**X** \_\_\_\_\_ (initial)

**TUITION PAYMENT AGREEMENT:**

I agree to pay Providence Ballet for the dance instruction of the registered student per the tuition rates and fees for the student's period of study. I understand that I can either set forward a check, cash or credit card payment. I understand that registration fees, deposits, and tuition fees are nonrefundable. I have read and understand the terms of payment as outlined in the schedule sheet.

I have read, understand and agree to the TUITION PAYMENT AGREEMENT, LIABILITY RELEASE, PUBLICITY RELEASE, and MEDICAL RELEASE. I understand the cancellation policies as set forth in this document. The undersigned also understands and agrees that Providence Ballet reserves the right to void this membership for conduct that contravene the objectives, rules, regulations and policies established and held by Providence Ballet.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_