

# The Conservatory of Dance & Theatre

## 2011-2012 Registration Form

**Registration Fee: \$30 Individual/\$45 Family**

### Account Information:

Parent or Adult Responsible for Account: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address you use regularly: \_\_\_\_\_

### Emergency Information:

Who should be notified in case of an emergency? \_\_\_\_\_ Phone # \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

### Students to be Enrolled:

Pupil: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

If new, previous dance place and number of years dancing: \_\_\_\_\_

Any special physical or health problems we should know about: \_\_\_\_\_

Pupil: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

If new, previous dance place and number of years dancing: \_\_\_\_\_

Any special physical or health problems we should know about: \_\_\_\_\_

### Classes Desired

Student	Class	Day(s)	Time(s)

If new, how did you hear about us? \_\_\_\_\_

**Please Read the following carefully.**

**This form must be signed by a parent or legal guardian if the student(s) is/are under 18.**

**RELEASE FROM LIABILITY:** I do hereby release The Conservatory of Dance & Theatre and its staff from any liability occurring on or around studio premises, or at any function held at other locations in connection with the dance class in which the student(s) named above is/are enrolled. I declare that the student(s) named above is/are in good health and can participate in dance education classes. Given the nature of dance classes I acknowledge that injuries sometimes might occur. In the event of an injury or emergency when I cannot be contacted, I give permission for you to obtain medical services for the student(s) named above.

**AUTHORIZATION FOR ENROLLEMENT:** I authorize The Conservatory of Dance & Theatre to enroll the student(s) named on this form in dance classes and I accept responsibility for the payment of tuition for these classes for which the student(s) is/are registered. I understand that classes with an enrollment of less than five pupils are subject to cancellation.

I understand that registration fees for annual classes and deposits for summer courses are nonrefundable and that there are no refunds or deductions for classes not attended.

I understand that students who do not follow the studio's rules of behavior will be dismissed from class and tuition forfeited.

I understand that I am responsible for being with my child before class starts and immediately after classes end. The Conservatory does not have the staff to watch children left unattended. We ask that students do not wait outside on the porch for pick-up and I understand that The Conservatory of Dance & Theatre is not responsible for a child once class has ended.

I understand that The Conservatory of Dance & Theatre may take photographs or videos of my child in class or performances from time to time during the school year, and I give my permission for the school to make use of these materials as desires.

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name: \_\_\_\_\_