

alaskadance theatre

REGISTRATION FORM
Fall 2011-Spring 2012

PRINT CLEARLY

Student Last Name: _____ First: _____ Birthday: ___/___/___

Address: _____ Zip _____ Home Phone: _____

Parent(s)/Guardian(s) or Self (if Adult): _____ Relationship: _____

Work Phone: _____ Cell: _____ Employer: _____

Parent Email Address: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Wk: _____ Cell: _____

New Student? ___ Yes ___ No Sibling at ADT? ___ Yes ___ No

REGISTRATION & TUITION POLICY: Enrollment in all classes is for a school year program (Aug-May). A receipt of a completed registration form tuition payment and registration fee of \$60 are required to enroll in classes. A registration fee (per student) of \$60 and tuition payment are due upon registration and are **NON-REFUNDABLE**.

PERFORMANCE FEES: A showcase fee of \$65.00 (per eligible class) is payable at the the time of registration or due by **December 17, 2011**.

REFUNDS/WITHDRAWALS: Tuition is **NON-REFUNDABLE** once classes or sessions have begun. If you withdraw before the first class, you can receive a full refund of tuition. Any withdrawals must submit a *withdrawal request form* available at the front desk.

MEDICAL RELEASE: I understand dance involves risk of personal injury of all kinds. I have informed my instructor of special medical considerations, including allergies and past injuries. I assume all responsibility in allowing my child and/or myself to participate in dance classes at Alaska Dance Theatre. I understand that all reasonable safety precautions are taken. I further consent to emergency medical or surgical care by a physician in the event of injury or illness of myself or my child during participation in dance classes and hereby waive, to the fullest extent allowed by law, on behalf of myself, my spouse if applicable, and my child, any liability to Alaska Dance Theatre and any of its agents or employees, arising out of such treatment.

_____ I wish to discuss medical issues privately with staff

Pertinent Medical/Personal Conditions, Previous Injuries or Special Needs: (Please describe) _____

_____ ***I have read the foregoing and fully understand the content thereof.***

Parent/Legal Guardian Signature: _____ Date ___/___/___

MODEL RELEASE: I give permission to the Alaska Dance Theatre or anyone authorized by ADT to use reproductions of any photographs or group photographs taken of me and /or my child(ren) for any purpose. I hereby release and discharge Alaska Dance Theatre from any and all claims and demands arising out of or in connection with the use of photographs, including any and all claims for libel.

Initial: _____

Name as you would like it to appear in Programs/Publicity material:

Last Name: _____ First Name: _____

OFFICE USE ONLY:

CLASSES ENROLLING:

	Class	Day	Time
1			
2			
3			
4			
5			
6			
7			
8			