

BOWEN-HAYES SCHOOL OF THE ARTS EST. 2006

REGISTRATION 2017

___ NEW STUDENT ___ DANCE TEAM ___ RETURNING STUDENT ___ *OTHER*

Drive by ___ Web Search ___ Magazine/Print ___ Social Media ___ Referred by: _____

STUDENT INFORMATION

Student's Name: _____ Birth Date: _____ Age: _____
School: _____ Grade: _____
Home Address: _____ City: _____
Zip Code: _____ Home Phone Number: _____

PARENT(S)/GUARDIAN(S)

Name: _____ Relationship to Child: _____
Cell Phone: (_____) _____ Work Phone: (_____) _____
E-Mail: _____ Place of Employment: _____

2nd Name: _____ Relationship to Child: _____
Cell Phone: (_____) _____ Work Phone: (_____) _____
E-Mail: _____ Place of Employment: _____

SEPARATE HOUSEHOLD

Name: _____ Relationship to Child: _____
Authorized to Pick Up Child: Yes ___ No ___
Home Address: _____ City: _____ State: ___ Zip: _____
Contact Phone: (_____) _____ E-Mail Address: _____

ALL PERSONS AUTHORIZED TO PICK UP CHILD

1. Name: _____ Relationship to Child: _____ Phone: _____
2. Name: _____ Relationship to Child: _____ Phone: _____
3. Name: _____ Relationship to Child: _____ Phone: _____

How did you hear about our studio? _____

Previous Dance Training

Please list prior dance experience (i.e. number of years, technique studied, teachers, etc.):

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Registration Fees:

· New Student \$30.00 · Returning Student: \$20.00 · Family Registration (parents/siblings): \$30.00 ·

Registration Fee: \$ _____

Monthly Tuition: \$ _____

*I understand that one make-up class is permitted for each class my child misses. Make-up classes must be taken within 30 days of the missed class(es). I also understand that all fees paid are **nonrefundable and nontransferable**. The parent or guardian is responsible for notifying, in writing, Bowen-Hayes School of the Arts of any changes to tuition. Insufficient funds check fee is \$35. Should this provision have to be enforced by legal means, the undersigned person(s) is responsible for payment, as liquidated damages, the costs of collection, plus interest at the legal rate and reasonable attorney's fees as determined by the Court or 15% of the amount collected failing such determination. I also agree to not attend another dance studio while a student with Bowen-Hayes School of the Arts. Nor take choreography learned from Bowen-Hayes School of the Arts at any time. I will be held responsible for the monthly tuition until a "Dance Studio Withdrawal Form" has been filled out & returned to the studio office.*

PERSON RESPONSIBLE FOR PAYMENT:

PRINT NAME: _____ SIGNATURE: _____

DATE: _____ RELATIONSHIP TO STUDENT: _____

HOLD HARMLESS RELEASE AND AUTHORIZATION

Name of Student: _____

Indicated in the space below are any health problems or conditions of which the studio should be aware (such as heart, back, medical, allergy, muscular, pregnancy, diabetes, epilepsy, chemical or neurological condition, special medication, knee/kidney/shoulder problems, etc.). I understand that risk of *injury* is inherent in any physical activity and I, on behalf of myself and my child, knowingly and voluntarily accept that risk. I, the undersigned, for myself, my heirs, administrators, and executors, hereby waive and release **Bowen-Hayes School of the Arts, Inland Empire Contemporary Ballet**, the instructors, guest artists, Jamie Azpeitia-Sachs individually and its staff from any and all claims or damages of any kind arising out of my child's participation in the exercise and/or dance program. I further certify that the aforementioned student is in proper physical condition to participate in the exercise/dance program and that he/she has been examined by a licensed physician and found to be in proper physical condition to participate in said program. I, the undersigned, do hereby authorize Jamie Azpeitia-Sachs or her designated agents (being teachers or administrators employed by **Bowen-Hayes School of the Arts** and/or **Inland Empire Contemporary Ballet**) to obtain medical treatment for my said child in emergency situations where I cannot be reached in time to authorize the treating physician to provide such emergency medical services. I understand that I am responsible for any medical expenses and that the absence of health insurance does not make **Bowen-Hayes School of the Arts** and/or **Inland Empire Contemporary Ballet** responsible for payment of medical expenses. This authority includes the power to authorize any and all treatment deemed necessary under the circumstances by a licensed physician. This power is in essence a power of attorney and shall remain in effect for one year from the date signed;

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

WITNESS (Must be at least 18 years of age): *Jamie Azpeitia-Sachs, Artistic Director*

EMERGENCY INFORMATION

Physician: _____ Physician number (____) _____

Hospital Preference: _____ Insurance Company Policy No.: _____

Allergies (food, medicine, etc): _____

Additional Information/Comments (i.e. blood transfusions, etc): _____