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| Johnna’s  BU Dance Co  Registration Form Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Age Today: \_\_\_\_\_\_\_\_\_\_\_\_  Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If parent is not available or able to reach:  Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hospital Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Medical Needs We Should Know: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Agreement, Release From Liability, Waiver Of Claims & Assumption Of Risk:  I agree to pay all participation fees. I, on behalf of myself, my heirs, executors, agents, assigns, and representatives, hereby indemnify, release and forever hold harmless BU Dance Company, Inc., as well as its directors, employees and instructors, from any and all claims of liability arising from any accident, personal injury, death, or property loss or damage sustained by my child/myself/the minor child for whom I am a legal guardian, while that person is participating in activities connected with BU Dance Company, Inc., including classes, rehearsals, performances, or other activities. I understand that dance activities have inherent risks of injury, and, being fully aware of all risk, I consent to have my child/myself/the minor child for whom I am a legal guardian, participate in the programs and activities offered by BU Dance Company, Inc., and I accept full responsibility for providing adequate health and accident insurance coverage for the protection of all of the following who participate in these programs/activities: my child/myself/the minor child for whom I am a legal guardian. By signing this statement, I declare that the aforesaid participant is in good health, with no physical conditions that might prevent his/her/my participation in strenuous and rigorous dance activities and other training and performance connected with musical theater. Further, I understand and acknowledge that because of the physical nature of DANCE, there may be physical contact between directors, employees, staff, company members, instructors and students during rehearsals, shows, workshops, productions, and especially during dance instruction. I understand that at times for proper instruction and safety, physical contact is required and necessary. I have carefully read this Agreement, Waiver, Release & Assumption of Risk and fully understand its contents. I understand that this is an assumption of risk and release of liability, and I sign it of my own free will.  Signature parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Acknowledgement Of Responsibility To Pay Fees:  I understand that tuition is due on the 1st of every month and that BU Dance Company, Inc., does not print/send bills for monthly tuition. I understand that after the 5th of the month, if payment has not been made a $10 late fee will be applied; also, after the 10th of the month if payment has not been made an additional $10 late fee will be applied. We will not remove any late fees no matter the circumstance. If your account becomes two months past due, the student will not be able to participate in class until tuition is caught up and paid in full. All returned checks will have a $40 return fee applied. The rules are the same for every individual. Please do not ask for exceptions, we will not bend the rules for anyone. Tuition is not pro-rated, tuition is the same every month, as some months have 3, 4 or 5 weeks. We accept cash or check; credit card will be accepted however a processing fee will be applied. By signing you acknowledge and agree to the policy.  Signature parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Permission For Photos/Videos: I authorize BU Dance Company, Inc. to use photos and videos of my child/myself/the minor child for whom I am a legal guardian for promotional purposes. Signature parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | --- | | OFFICE USE ONLY: Registration Pd: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Term: \_\_\_\_\_\_\_\_\_\_\_\_  Class(es): \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | OFFICE USE ONLY: Registration Pd: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Term: \_\_\_\_\_\_\_\_\_\_\_\_  Class(es): \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | OFFICE USE ONLY: Registration Pd: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Term: \_\_\_\_\_\_\_\_\_\_\_\_  Class(es): \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | OFFICE USE ONLY: Registration Pd: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Term: \_\_\_\_\_\_\_\_\_\_\_\_  Class(es): \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | OFFICE USE ONLY: Registration Pd: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Term: \_\_\_\_\_\_\_\_\_\_\_\_  Class(es): \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |