**NHSDA ENSEMBLE REGISTRATION FORM**

Please complete separate form for each student and return before August 1 to: DCM, 701 Whitaker Mill Rd, barclay@danceconservatoryofmd.com

Student’s Name: Age: DOB:

Student’s grade in school: 6 7 8 9 10 11 12 Student’s Academic School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Optional) Student Cell: Student Email **:**

Parent/Gaurdian Name:

Home Phone: Cell: Email **(Required):**

Additional Parent/Gaurdian Name:

Home Phone: Cell: Email **:**



\_ \_Student is applying to participate in NHSDA Junior (Middle School) or Senior (High School) Chapter events and the NHSDA Ensemble program.

\_\_\_\_\_\_\_ Ensemble payment in full (CHECK) - $450 Participation fee paid in full. Checks made payable to Dance Conservatory of MD. Payment due by August 1

\_\_\_\_\_\_\_ Ensemble payment in full (CREDIT) - $450 Participation fee paid in full. Payment due by August 1

\_\_\_\_\_\_\_ MONTHLY PAYMENT BY CREDIT CARD - $450 Participation fee will be divided into three equal installments of $150. First payment is due by August 1. Each additional installment will be automatically charged to the credit card on file on the following dates: November 26th & March 11th. Checks are NOT accepted for this option.

**Circle One: Visa MasterCard AmEx**

**Name on Card: Signature: \_\_\_\_\_\_\_**

**Card Number: Exp: CVV:\_\_\_\_\_\_\_\_**

**Payment -** I agree to pay/authorize DCM to charge my credit card for the amount listed above. All fees/payments are nonrefundable regardless of whether or not participant is attending classes due to illness or injury.

**Allergies**/**Medical Conditions** of which DCM should be aware: \_\_

**Health** - Participant warrants and represents that he/she has no disability, impairment or ailment preventing him/her from engaging in active or passive exercise of that will be detrimental to his/her health or safety. In the event that the participant is unable to decide medical attention or participant’s parents/guardian cannot be reached, parents/guardian give permission to DCM to authorize any medical care that may be required by the participant. Parent/guardian assumes responsibility for all charges as a result of such medical treatment.

**Photography Release -** Participant allows the taking, review or use of their photograph for possible or actual inclusion in materials including but not limited to marketing, advertising and videography without consent, notice, or compensation from DCM. Participant consents to, the copyrighting, reproduction and publication by The Dance Conservatory of Maryland or its agents with respect to videotapes or photographs that have been or may be taken of the participant.

Participant Signature (Parent/Guardian if under 18): Date: