**Registration Form**

**2019-2020**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_ Birthday:\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Options:

**Music and Movement** ( Ages 5-7): Wednesday 3:30-4:30

**Children’s Musical Theatre (CMT)** **and Teen Musical Theatre (TMT):**

Tuesday :

4:30-5:30 Choir (ages 8-15)

5:30-6:30 Choreography ( Ages 8-10)

Thursday:

3:30-4:30 Theatre (Ages 8-10)

4:30-5:30 Theatre (Ages 11-15)

5:30-6:30 Choreography (Ages 11-15)

Please circle your class choice**: M&M CMT (8-10) TMT(11-15)**

**Registration Fee: $25 per student or $50 per family (three or more students) due upon registration.**

Add additional family member:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_ Class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_ Class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

O Registration Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ paid by: Check # Cash Venmo

\*\*All students must abide by the Center Policy. Please read prior to signing. (Available on our webstie)

I agree my student(s) will abide by the Center Policy by attending class and rehearsals regularly and follow the dress code for each class. I also acknowledge that all payments are due by the 10th of the month and I will be charged a late fee of $15 for any overdue payments. The Center reserves the right to refuse service if the Policy is not adhered to.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTAL RELEASE**

I, the parent/guardian of the registered student, a minor, agree that I will abide by, and support the rules of *Best Foot Forward Performing Arts Center* under the direction of Katie Hildreth.

Recognizing the possibility of physical injury associated with dancing and in consideration *Best Foot Forward Performing Arts Center*/Katie Hildreth accepting the registered student for her dance programs and activities, I hereby release, discharge, and/or otherwise indemnify *Best Foot Forward Performing Arts Center* or Katie Hildreth, her employees and associated personnel against any claim by or on behalf of the registrant as a result of the registrant’s participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

CONSENT FOR MEDICAL TREATMENT

As the parent of legal guardian of the below named student, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine, or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of my dependent.

Name of Registrant/Student(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELEASE OF PHOTOGRAPHED IMAGE

I give Best Foot Forward Performing Arts Center permission to use my child’s image, which might entail being published in the newspaper, website or social media. *Best Foot Forward Performing Arts Center* promises not to publish names with the pictures unless approved by the parent/legal guardian.

Signature of Parent or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_