



Registration Form

Last Name: _____ First Name: _____

Gender: Female Male Age: _____ T-Shirt Size: _____

School: _____

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Telephone: () _____ cell: () _____

Parent email: _____

 Please list ADA Accommodations needed: _____

Mother's name: _____ Father's name: _____

Mother's day phone: _____ Father's day phone: _____

Mother's cell: _____ Father's cell: _____

Persons authorized to pick up child: _____
(Copy of ID required)

Other Dismissal Arrangements _____

Emergency contact*: _____ Relationship: _____ Phone: _____

Specify any of your child's health problems: _____

Is your child on any medication (s)? No Yes if yes, please specify: _____

Registration fee: \$25 (non-refundable) Contact Information. Email: register@emelleperformingarts.org

I understand that there is a 15 day grace period for unpaid balances. We do not provide make-ups or refunds for any days missed for any reason. Please do your best to participate on the scheduled days. Additional payment plans are available upon request.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____



You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Parent/Legal guardian name: _____ Date: _____

Parent/Legal guardian Signature: _____ Date: _____

Student Allergies: _____

Student Medical Problems: _____

Doctor: _____ Phone number: _____

Insurance carrier: _____ Policy number: _____

Who is financially responsible for the student? _____

I hereby give permission to **Emelle Performing Arts Institute, Inc.** to photograph and/or videotape the student for educational or promotional purposes. _____ (Initial)

PARENT STATEMENT

I hereby state that (participant's name) _____ is in good mental and physical health condition to participate in the activities provided by **Emelle Performing Arts, Institute, Inc.** including but not limited to all aspects of cheerleading, tumbling, and dance training, and all outside sports. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **Emelle Performing Arts, Institute, Inc., its administration, employees, and staff** from liability to the above named participant, of the person claiming through him/her, arising from injury to the person or property of the above named participant occurring in the premises of **Emelle Performing Arts, Institute, Inc.** including any event sponsored or sanctioned by **Emelle Performing Arts, Institute, Inc.** and or travel to and from such activities.

I understand that **Emelle Performing Arts, Institute, Inc.** has the right to deny admittance to any participant not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of the program, etc.) or becomes involved in any activity or with any persons not associated with **Emelle Performing Arts, Institute, Inc.** or its scheduled programs and that **Emelle Performing Arts, Institute, Inc.** has the right to send him/her home for inappropriate conduct. No refunds will be given. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent/Guardian Signature: _____ Date: _____