

LUNA DANCE INSTITUTE

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2011 TEEN CHOREOGRAPHY WORKSHOP REGISTRATION FORM

Dancer Information: New Student Returning student

Dancer's Name: _____

Date of Birth: _____ School: _____ Grade: _____

Address: _____ City: _____ State: _____

Zip: _____ Home Phone: _____

Parent/Guardian Information:

Parent/Guardian Name(s): _____

Cell Phone & Email Address: _____

Please check which week(s) you are signing up for:

_____ July 11-15, 10-4pm *and/or* _____ July 18-22, 10-4pm

EARLY BIRD SPECIAL! Save money if registering before April 1:

_____ \$250 a week

_____ \$490 for two weeks

After April 1 Fees:

_____ \$285 a week

_____ \$560 for two weeks

Camp fee total: _____

Optional T-shirt: \$15 _____

TOTAL: _____

I am applying for the teen teacher training camp. Attached is my application!

Fill out BOTH sides of this form and include a check or credit card information. Checks payable to: **Luna Dance Institute, P.O. Box 8473 Emeryville, CA 94662**. Tuition assistance is available to those who qualify. Please call 510-428-1155 or email Erin Lally: elally@lunadanceinstitute.org

Visa/MC #: _____

Exp. Date _____ 3 digit code _____

Signature: _____ Date: _____

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Additional Dancer Information

Name prior dance experience: _____

Does your child have any special needs we should know about to ensure his/her success in our classes? _____

Emergency Contacts _____ Phone(s) _____

List all who are authorized to pick up your child. We will not release your child to anyone who is not listed here: _____

Physician and # _____

Indemnification, Waiver and Release

In consideration for my participation, or my child's participation in **Luna Dance Institute** (LDI) classes to be operated at various sites and facilities, I/we agree to:

1. Assume all risk of injury to me or my child, to all risk of damage or loss of property arising out of my own or my child's participation in this program (including field trips off campus).
2. Release, discharge and waive any and all responsibility of Luna Dance Institute, its agents, partners, staff or representatives, from and against liability for any injury, including death, and for damage or loss to property which may be suffered by my child or arising out of, or in any way connected with, participation in this program. (including field trips off campus).
3. Indemnify and hold harmless Luna Dance Institute its agents, partners, staff or representatives, against all liability, claims, demands, actions, loss and damage arising out of my child's participation in said program.

The undersigned, as parent/guardian of _____ hereby states that my/our child is in good health and is able to participate fully in this movement program. I/we hereby authorize that Luna Dance Institute, its agents, partners, staff or representatives may provide ice or bandages in emergency and to contact the child's physician should an emergency situation arise.

Photo/Video Shoot Permission Agreement

I, the undersigned, **grant permission for photographs and video clips** of my child to be used by Luna Kids Dance for promotional and documentation literature or for education and fundraising presentations for Luna Dance Institute only.

I and all caregivers of my child(ren) have read the policies and guidelines included in this form, understand we are responsible for knowing its contents prior to attending any classes (including refund policy), and agree to adhere to the guidelines listed herein as long as our child is enrolled in Luna Kids Dance.

I have read and agree to abide by the Luna Dance Institute guidelines I grant permission for my teen to be taken off the Luna campus to play at nearby parks under the supervision of Luna staff. I understand that this includes crossing the street.

Check one: ___ I grant permission for my teen to leave campus alone for breaks and to leave class without being signed out. **OR**, ___ My child may leave campus with peers for lunch, but must be signed out by me or guardian at end of day **OR** ___ My child may not leave campus unless signed out by parent/guardian.

Signature _____ Date _____