

STUDIOS ON MAIN SUMMER CAMP 2010

Students Information:

Student Name _____ DOB _____

Street Address _____

City _____ State _____ Zip _____

Day phone# _____ Evening phone# _____

Cell# _____

Email Address _____

Parent/Guardian _____

Live with: parents grandparent guardian step-parent

Emergency contact; _____

Phone# _____ relationship _____

Circle:

June 28-july 2 full or half july 26-30 full or half

July 5-9 full or half aug 2-6 full or half

July 12-16 full or half aug 9-13 full or half

july 19-23 full or half aug. 16-20 full or half

Aug. 23-27 full or half

Studios On Main Conservatory

2010/11 Release Form

Student's Name _____ Birth Date _____

Medical Information

Please list any medications that the student is currently taking _____

Please list allergies to prescription drugs/foods _____

Please list any special medical conditions, past or present, of which Studios On Main should be aware of

Emergency Medical Release

In the event I cannot be reached, I hereby give my permission to the management, faculty, and staff of Studios On Main to authorize any emergency medical care that may be required by the above student during participation of classes, performances, or any related Studios On Main events. This authorization extends throughout the current academic year and through the summer, or until the student is no longer enrolled at Studios On Main, whichever comes first. I understand that I am responsible for any and all charges as a result of such medical treatment.

Liability Release

I am aware that the dance training received at Studios On Main, and the athletic exercises associated with it, place unusual stress on the body and carry the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I hereby assume the risk, and agree that Studios On Main shall not be liable in any way for injuries sustained during attendance at the ballet school or any of its related functions. I also understand that good ballet training involves touching and adjustment of the student's body by the instructors.

Photo Release

I hereby authorize Studios On Main to record the student's picture and voice on photographs, films, and tapes, to edit these recordings at its discretion, and to incorporate these recordings into movie, sound films, tapes, radio, or television broadcast programs. Studios On Main is permitted to use these materials for publicity, advertising, and sales promotion, and to use the student's name, likeness and voice, and biographic or other information in connection with them. I acknowledge that no promises of compensation were made by Studios On Main for such use.

I consent _____ I do not consent _____ to this release.

Signature _____

I understand that by signing below, I agree to the terms described above and also to pay in full the total tuition amount due for the enrollment period enlisted by the above mentioned person/persons, and that only by submitting a drop/change class form can this payment agreement be altered. I agree to pay the entire amount enlisted at enrollment whether or not the above student attends class, that the above named is not entitled to any credits or refunds for missed classes, and do agree to abide by all policies, rules and regulations of Studios On Main as stated in the Policies, Rules, and Regulations letter.

Name of Parent/Guardian _____ Phone# _____

Signature _____ Date _____