







BLOOD ON THE FLOOR

July 22, 2017

STUDENT REGISTRATION FORM

PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: _____ First Name: _____

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

Studio/School: _____

Home address: _____

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

Country: _____ Telephone: _____ cel: _____

Parent email: _____

(Include area code with telephone)

 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: _____

Person's Authorized to pick up child: _____ (Please provide a copy of their ID)

Other Dismissal Arrangements _____

Emergency contact*: _____ Relationship: _____ Phone: _____

Specify any of your child's health problems: _____

Is your child on any medication? No Yes If so, please specify: _____

Payments: Registration may be paid by cash or money order
Fees:

● 7 Classes: \$50

● 3 Classes: \$35

● A La Cart: \$20/per class

Registration fee: \$10. Registration will be waived to those who pay full cost before July 10th

Contact Information

For more information, contact Gamal Brown, Onyx Productions

740/971-8467

Emails: itsgamal@gmail.com

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____

I understand that all payments and registration are due by July 14. We do not provide make-ups or refunds for any classes related to Day of Dance – Blood on the Floor, for any reason.

REQUIRES PARENT'S SIGNATURE:

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 Onyx Productions to photograph and/or videotape the student for educational or promotional purposes.
_____ (Initial)

PARENT STATEMENT

I hereby state that (student's name) _____ is in good mental and physical health condition to participate in the activities provided by **Onyx Productions** including but not limited to all aspects of dance 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 **Onyx Productions, its employee and its staff** from liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring in the premises of **Columbus Youth Ballet** including any event sponsored or sanctioned by **Onyx Productions** and or travel to and from such activities.

I understand that **Onyx Productions** has the right to deny admittance to any student 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 dance training, etc.) or becomes involved in any activity or with any persons not associated with **Onyx Productions** or its scheduled program and that **Onyx Productions** 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 Signature _____ Date _____