

JOHN MICHAEL KOHLER ARTS CENTER —YOUTH DANCE REGISTRATION

Student's Name _____

Birth date _____ Age _____ Sex _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Email Address _____

Parent or guardian's name _____

Alternate emergency phone number _____

Registration information:

Class _____ Day _____ Time _____

Class Orientation:

_____ Tuesday, September 6, 2015, 5:30 p.m. _____ I am unable to attend

If you are unable to attend the orientation we will contact you to schedule a meeting before classes begin. The orientation will be brief but it is very important that you attend so you can receive schedules, policies, and meet the instructors.

PAYMENT INFORMATION:

- _____ I am paying for the entire year
- _____ I am paying for the year in two equal installments, **which requires that my credit card number be kept on file.** (Please complete credit card authorization form)
- _____ Check/money order enclosed

THIS REGISTRATION FORM MUST BE SIGNED FOR ADMISSION INTO ARTS CENTER DANCE CLASSES.

I hereby release John Michael Kohler Arts Center, its agents and employees, from all liability for personal injury, illness, or property damage occurring on or off John Michael Kohler Arts Center premises, whether or not caused by the negligence of the John Michael Kohler Arts Center, its agents or employees. I have read the registration information and understand the Art Center's policies as outlined in the student handbook. I understand that I am responsible for tuition payments as described and that I may pay for the entire year all at once, or in two equal installments. If I choose the installment payment option, a credit card is required. If JMKAC does not receive payment for the remaining balance on or before January 4, 2017, I agree that the balance may be charged to the credit card number on file. I certify that the registrant is in good health and capable of participation in all school activities and classes.

Parent's or Guardian's Signature

Date

PHOTOGRAPHY/VIDEOGRAPHY RELEASE

This form gives permission to the John Michael Kohler Arts Center to use these photographs in publications such as the Arts Center Newsletter and the website.

I (we), the undersigned parent(s), give permission to allow photographs to be taken of our child while attending class at the John Michael Kohler Arts Center and agree to indemnify and hold harmless the John Michael Kohler Arts Center from any claim arising out of participation in such activities.

Parent's or Guardian's Signature

Date