

REGISTRATION FORM

Session: August 15 - December 18
Fall Semester 17 weeks
Start Date: _____

(707) 765-1771

www.obriencota.net
obriencota@gmail.com

STUDENT NAME:		M/F/Othe	er: Birt	thdate:	
School attending:		Currently in grade or entering grade: Student email:			
Student cell phone:					
Address:	С	ity:	Zip:		
Guardian #1/Emergency Contact	Name: ☐ Parent, ☐ Spot	ise, 🗆 Step-pa	arent, 🗆 Grand	lparent, 🗌 Legal Guardian	
Name:	Parent ema	il:			
Home Phone:	Cell:		Work:		
Guardian #2: □ Parent, □ Spo	use, 🗆 Step-parent, 🗀 Gr	andparent, \square	Legal Guardian	ı	
Name:	Cell:	Cell:		Work:	
Email (if different; put down only	if she/he/they want newslett	ers and billing	info):		
Dance Experience: (check all that	t apply and provide length of	training and l	ocation)		
Ballet:	Pointe:	Pointe:		Lyrical:	
Нір Нор:	Тар:	Тар:		Team:	
Jazz:	Musical Theatre:	Musical Theatre:		Contemporary:	
Conditioning:	Other:	Other:			
Please reserve a place for me/my c	hild in the following classes:	: (classes may b	e modified deper	nding on minimum enrollmer	
CLASS TITLE	DAY	DAY TIMES		NUMBER OF HOURS	

	TOTAL HOURS:	
		1

LIABILITY RELEASE:

As a participant or as a parent/guardian of a participant in the programs of O'Brien Center of the Arts, I recognize and acknowledge there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages, or loss which I or my child/ward may sustain as a result of participating in any and all activities connected to or associated with this program. I agree to waive or relinquish all claims for injuries, damages, or loss which I or my child/ward may have arising out of, connected with, or in any way associated with O'Brien Center of the Arts and its staff, agents, or officers.

I further give permission for myself or my child/ward to be photographed and or videotaped during any classes, rehearsals, or performances. I understand any of which may be used for purposes of promoting O'Brien Center of the Arts through newspaper ads/articles, brochures/flyers, and the studio's website without releasing the participant's name. I have read and fully understand the above waiver and release all claims.

OTHER POLICY ACKNOWLEDGEMENTS:

I agree to provide O'Brien Center of the Arts 2 weeks notice when dropping a class.

I understand that O'Brien Center of the Arts reserves the right, at any time, to cancel or change classes, teachers, days, and times as necessary.

Please list any allergies or medical conditions:

SUMMARY OF CHARGES:

TOTAL HOURS PER WEEK:	
TOTAL TUITION DUE FOR SEMESTER::	
LESS DISCOUNT:	
BALANCE:	
INSURANCE PAYMENT (annual):	
TOTAL BALANCE DUE:	
DEPOSIT/FULL PAYMENT PAID, check#	
DEPOSIT/FULL PAYMENT PAID by PAYPAL/CC	
REMAINING BALANCE	