



REGISTRATION FORM

(707) 765-1771

www.obriencota.com

obriencota@gmail.com

Session: August 16 - November 6

Start Date: _____

STUDENT NAME: _____ **M/F/Other:** _____ **Birthdate:** _____

School attending: _____ **Currently in grade or entering grade:** _____

Student cell phone: _____ **Student email:** _____

Address: _____ **City:** _____ **Zip:** _____

Guardian #1/Emergency Contact Name: Parent, Spouse, Step-parent, Grandparent, Legal Guardian

Name: _____ **Parent email:** _____

Home Phone: _____ **Cell:** _____ **Work:** _____

Guardian #2: Parent, Spouse, Step-parent, Grandparent, Legal Guardian

Name: _____ **Cell:** _____ **Work:** _____

Email (if different; put down only if she/he/they want newsletters and billing info): _____

Dance Experience: (check all that apply and provide length of training and location)

Ballet:	Pointe:	Lyrical:
Hip Hop:	Tap:	Team:
Jazz:	Musical Theatre:	Contemporary:
Conditioning:	Other:	

Please reserve a place for me/my child in the following classes: (classes may be modified depending on minimum enrollment)

CLASS TITLE	DAY	TIMES	NUMBER OF HOURS
		TOTAL HOURS:	

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 (from reverse):	
TOTAL TUITION DUE FOR QUARTER:	
LESS DISCOUNT:	
BALANCE:	
INSURANCE PAYMENT (annual):	
HOLIDAY GIFT PRODUCTION FEE:	
TOTAL BALANCE DUE:	
DEPOSIT PAID, ck# _____ initials _____	
REMAINING BALANCE:	