



REGISTRATION FORM

FALL SESSION 2023

August 21 - November 18

(707) 765-1771

www.obriencota.net

obriencota@gmail.com

STUDENT NAME: _____ **M/F:** _____ **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: New Students only (check all that apply and provide length of training and location)

| | | |
|---------------|------------------|---------------|
| Ballet: | Pointe: | Lyrical: |
| Hip Hop: | Tap: | Team: |
| Jazz: | Musical Theater: | Contemporary: |
| Conditioning: | Other: | |

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. Classes with less than 4 enrolled will be postponed until enrollment is 4 minimum.

Please list any allergies or medical conditions:

REGISTRATION AND TUITION CALCULATION:

PLEASE RESERVE A SPACE FOR THE FOLLOWING CLASSES:

DAY

CLASS TITLE

TIME

TOTAL HOURS PER WEEK: _____

CLASS CARDS ARE AVAILABLE FOR TEENS AND ADULTS ONLY.

They must be purchased directly through the studio or on Pay-Pal prior to the first class along with a completed and signed registration form.

10 hrs. \$180.00

DROP-IN fee for all 1 hour classes \$20.00, 1.5 hours \$25.00

| | |
|--|--|
| TOTAL TUITION DUE FOR CLASSES | |
| TOTAL TUITION DUE FOR CLASS CARD(S) | |
| LESS DISCOUNT: (Family 20%) after highest tuition paid | |
| | |
| REGISTRATION FEE (annual): ALL STUDENTS \$40.00 | |
| | |
| TOTAL BALANCE DUE: | |
| FULL PAYMENT PAID, check# _____ Paypal date paid: _____ | |
| 1st INSTALLMENT PAID, check # _____ Paypal date paid: _____ | |
| REMAINING BALANCE | |