

## 2017 Summer Registration Form

CHILD'S NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

ZIP \_\_\_\_\_

CHILD'S BIRTHDATE & CURRENT AGE \_\_\_\_\_

MOM'S NAME & BEST CONTACT NUMBER \_\_\_\_\_

DAD'S NAME & BEST CONTACT NUMBER \_\_\_\_\_

HOME PHONE \_\_\_\_\_

**PHONE NUMBER YOU PREFER US TO CALL FIRST** \_\_\_\_\_

STUDENT CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

*To register, please mail completed form with check to:*

*Studio 82, 13499 W.130th, N. Royalton, OH, 44133*

## Studio 82 Request for Registration & Release From Liability

We, the undersigned, parent or guardian of the child named here, do hereby request that they be permitted to register and participate in STUDIO 82's dance program and recital. Recognizing the possibility of physical injury, we hereby release, discharge, and/or otherwise indemnify STUDIO 82, its employees, directors, teachers and other associated personnel, including the owners of the facilities against any claim by or on behalf of the youth named below, as a result of the registrant's participation in STUDIO 82's dance program. We do assume all risks and hazards incidental to the conduct of the scheduled activities, and the transportation to and from the activities.

Parent/Guardian Signature \_\_\_\_\_

**Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parent or guardians cannot be reached.**

### To Grant Consent:

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor & Phone \_\_\_\_\_

Medical Specialist & Phone \_\_\_\_\_

Preferred hospital \_\_\_\_\_

Medical History including allergies, medications, and physical impairments to which a physician should be alerted:

\_\_\_\_\_  
\_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor, or in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

**PARENT OR GUARDIAN SIGNATURE** \_\_\_\_\_

SUMMER CLASSES 2017 (PLEASE MARK YOUR CHOSEN CLASSES)

PRESCHOOL THEMED CAMPS ..... JULY 9 \_\_\_\_\_ JULY 23 \_\_\_\_\_

PRESCHOOL BALLET \_\_\_\_\_

KINDERBALLET \_\_\_\_\_

KINDERJAZZ \_\_\_\_\_

CONTEMPORARY \_\_\_\_\_

HIP-HOP \_\_\_\_\_

TAP \_\_\_\_\_

ACRO \_\_\_\_\_

SUMMER INTENSIVE ..... ADV \_\_\_\_\_ INT/ADV \_\_\_\_\_ INT \_\_\_\_\_