

presidio *dance* theatre

SHERENE MELANIA, ARTISTIC DIRECTOR

STUDENT REGISTRATION Class _____

Student's Name: _____

Birth Date: _____ Current Age: _____ Grade: _____

Street Address: _____

City, State, Zip: _____

Home Phone: (____) _____ Home Fax: (____) _____

Email Address: _____

School: _____

How did you hear about us? _____

Guardian/Parent:

Name: _____

Relationship to Student: _____

Address: _____

Employer: _____

Work/Day Phone: (____) _____

Home/Eve Phone: (____) _____

E-mail _____

Cell: (____) _____

Alternate Emergency Contact:

Name: _____

Phone: (____) _____

Guardian/Parent:

Name: _____

Relationship to Student: _____

Address: _____

Employer: _____

Work/Day Phone: (____) _____

Home/Eve Phone: (____) _____

E-mail _____

Cell: (____) _____

Alternate Emergency Contact:

Name: _____

Phone: (____) _____

Student Medical Coverage

Student Name: _____

Insurance Name: _____

Insurance Telephone: (____) _____

Policy Contact Email or Fax: _____

Insurance Policy #: _____ Expiration Date: _____

Policy Holder: _____

Student's Primary Care Physician: _____

Doctor's Telephone: (____) _____

Other Emergency/Physician/Hospital and Number: _____ (____) _____

Terms of Enrollment

- 1. Parent/Guardian must pay tuition and registration fees or be awarded a scholarship.**
- 2. Student must have medical insurance.**
- 3. Parent or legal guardian must sign and complete this *Registration Form, Medical Coverage Form, and the Authorization and Release Form.***
- 4. Parent or legal guardian must promptly notify PPAF of any changes to any of the above information.**
- 5. Tuition is non-refundable.**

Signature of Parent/Guardian: _____ Date: _____

Promptly return this form to:
PRESIDIO PERFORMING ARTS FOUNDATION
1158 Gorgas at Marshall Road
OR MAIL TO:
P.O. Box 29066
San Francisco, CA 94129
415.561.3958 phone
415.561.3959 fax
email: info@presidiodance.org
<http://www.presidiodance.org>

Presidio Dance Theatre is a Program of the Presidio Performing Arts Foundation

PICK-UP AUTHORIZATION

Pick-up Authorization for: _____
(Name of Student)

I understand that a photo driver's license (or an equivalent photo ID) is required to pick up my child. In the event of an emergency during a time when I cannot be reached, or if I (the person signing this form) cannot pick up my child at the end of the day, I authorize the following people to sign out my child upon presentation of a photo ID for identification. Please include you and your partner/spouse's name.

Name: _____ Relation to Child: _____

Home #: _____ Work #: _____ Cell #: _____

Name: _____ Relation to Child: _____

Home #: _____ Work #: _____ Cell #: _____

Name: _____ Relation to Child: _____

Home #: _____ Work #: _____ Cell #: _____

Name: _____ Relation to Child: _____

Home #: _____ Work #: _____ Cell #: _____

CHOREOGRAPHY

INTELLECTUAL PROPERTY RIGHTS

I, _____ understand that all class and performance choreography is the intellectual property of Presidio Performing Arts Foundation and Presidio Dance Theater and I promise to protect it fully. In signing this document, I understand that students shall not at any time or place perform any choreography owned by PPAF/Presidio Dance Theatre or the Artistic Director without first obtaining written permission. NO videography or photography is allowed at the Academy studios or in the theaters where Presidio Dance Theatre performs.

_____ Parent/Guardian

_____ Date



General Authorization and Release

In consideration for participation in any program of the Presidio Performing Arts Foundation (hereinafter referred to as PPAF), including but not limited to Presidio Dance Theatre, the parent(s) /guardian(s) of _____ hereby enter into the following agreement with PPAF, its directors, officers, employees, agents, licensees and/or third parties designated by PPAF:

- 1. That we/I** acknowledge, understand and assume all risks inherent in dance instruction, performance or related activities and release PPAF from any and all liability for injury, loss, damage, expense or penalty sustained by the above named student arising out of or in connection with the above named student's participation in the program. We/I acknowledge that PPAF's instructors are trained for age-appropriate instruction and safety for students;
- 2. That we/I** acknowledge and represent that we/I have, or immediately upon entering or participating will inspect and carefully consider the dance studios, performance venues, and related premises. It is further warranted that such entry into the facilities or participation in programs constitutes an acknowledgment that such premises and all facilities and equipment thereon and such programs have been inspected and carefully considered and that we/I find and accept them as being safe and suited for the purpose of use or the participation of students;
- 3. That we/I** acknowledge that dance instruction and training requires the above named student to be physically touched from time to time by instructors and other dancers and that we/I will not hold PPAF liable for any such physical touching. This agreement releases PPAF of any unforeseen liabilities;
- 4. That we/I** authorize PPAF to photograph, film, videotape, record, or otherwise capture in media the above-named student's dance training, instruction, or performance(s) for the purposes of promotion,

- publicity, education, or other related uses. All ownership, copyright, title and interest in any such recordings shall belong to PPAF. We/I further grant PPAF the right to use the above-named student's name, bio, portrait, picture or recording for the purpose of publicizing, advertising or promoting PPAF and hereby provide release for such usage;
- 5. That we/I**, in case of an emergency, authorize PPAF to contact the physician, as noted in the student emergency form and consent to appropriate medical and/or surgical procedures PPAF deems necessary for the above-named student. We/I accept full responsibility for all costs related to any such emergency medical care;
 - 6. That we/I** agree that PPAF will not be liable for authorizing medical and/or surgical treatment for the above-named student in paragraph 5 above and waive all claims connected with such medical and/or surgical treatment;
 - 7. That we/I** will make independent arrangements for the above-named student's travel to and from PPAF programs and performances during the weeks offered and that we/I agree to hold PPAF harmless for any and all injury, accident, or damage that occurs to the above-named student during his/her travel to or from any PPAF program or event;
 - 8. That we/I** agree to pay any legal fees and expenses incurred by PPAF in connection with the enforcement of this General Authorization and Release or reimburse PPAF, within 30 days, for all such costs in connection with enforcement of this agreement.

We/I have read, understood and agreed to the terms of this Authorization and Release.

Name of Parent(s)/Guardian (print)

Signature

Date