



OFFICE ONLY	Fee Amount
	Start Date

## 2011-2012 Chabod Academy of the Arts Registration Form

Student's Last Name	Student's First Name
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Address	City	State	Zip Code
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Home Number	Male or Female	Age	Birth Date	Grade
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Parent's Email Address	Student's Email Address
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Father's Name / Legal Guardian	Cellphone #	Mother's Name/ Legal Guardian	Cellphone #
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Please list Emergency Contact with Phone Numbers

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Experience in dance, music or drama?	Where?	How long?
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A student's safety and well being is our first concern. Does the student have any physical or medical problems or learning disabilities that the teachers need to be aware of? Yes? \_\_\_\_\_ No? \_\_\_\_\_ If yes please explain

Medical Insurance Company	Policy Number
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Allergic to any medication? \_\_\_\_\_ If yes, explain

How did you hear about Chabod Academy of the Arts?

I understand that in the event medical intervention is needed, every attempt will be made to immediately contact the persons listed on this form. In the event I cannot be reached in an emergency during class, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure x-ray examinations, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary. I understand that my insurance coverage will be used as primary coverage in the event medical intervention is needed. I, being the Parent of legal guardian for the student, release Chabod Academy of the Arts, its (the "arts academy" staff and instructors, from any and all liability for any injury to the student caused by the Arts Academy, whether or not such injury or damage was caused by the negligence of the Arts Academy, its staff, instructors, or any other cause. I further agree not to sue the Arts Academy, its staff or Instructors for any injuries resulting from the student's participation in any classes or programs conducted by the arts academy, whether or not such injury or damage was caused by their negligence or any other cause. I have carefully read this release and waiver provisions and understand its contents. I am aware that I am releasing certain legal rights that I otherwise may have as a condition of the student's participation in the classes or programs conducted by the arts academy.

Date	Signature of Parent or Legal Guardian	Date	Signature of Student (18 yrs. or older)
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