

MST&DA Registration

Name _____ Today's date _____

If Children:	<u>Name</u>	<u>Grade</u>	<u>Age</u>	<u>Birthdate</u>	<u>Child's Email</u>	<u>Child's Mobile</u>
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

Parent 1: Name _____ Email _____ Mobile Phone: _____

Parent 2: Name _____ Email _____ Mobile Phone: _____

Dance, Music, Capoeira, Fitness & Theatre classes are discounted when purchased in a session.

<u>Participant Name</u>	<u>Class Name</u>	<u>Day</u>	<u>Time</u>	<u>Amount Due</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
Total				\$ _____

All classes depend upon sufficient enrollment. All classes are non-refundable.
Age requirements must be met by the start of semester.

Waiver & Release

I understand that Main Street Theatre & Dance Alliance shares my concern about my safety and that of my child. I understand that MST&DA and its landlord, RIOCC, do not accept responsibility for injuries, damages or loss, which my child or I may suffer while participating in its programs. Accordingly, I agree to assume the full risk of any physical injuries, damages or loss, regardless of severity, which my child or I may sustain as a result of participating in any and all activities connected with or associated with any MST&DA programs.

Permission to Secure Treatment

In the event of an emergency, I authorize MST&DA to render basic first aid and to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my or my child's immediate care, and agree that I will be responsible for payment of any and all medical services required.

Pediatrician/Physician: NAME _____ PHONE # _____

My signature affirms my acceptance of the Waiver & Release & Permission to Treat:

Name _____ Relationship _____ Signature _____ Date _____

I give permission to use pictures of myself and/or my child for display and marketing purposes only. _____ (initial)