MST&DA Registration — Fall 2020 (6 weeks)

Name_____ Today's date_____

If Children:	**Name**	**Grade**	**Age**	**Birthdate**	**Child's Email**	**Child's Mobile**
	_____	_____	____	_____	_____	_____
	_____	_____	____	_____	_____	_____
	_____	_____	____	_____	_____	_____

Parent 1: Name _____ Email _____ Mobile Phone: _____

Parent 2: Name _____ Email _____ Mobile Phone: _____

Classes begin Sept. 8, 2020. Dance, Capoeira, Fitness & Theatre classes are discounted when purchased in a session ($20-$18/class); Drop-In's are $15-$30/class.

	Participant	**Class Name**	**Day**	**Time**	**Fee**	**Amount Due**
Dance:	_____	_____	_____	_____	$120	$ _____
Dance:	_____	_____	_____	_____	$108	$ _____
Theatre:	_____	_____	_____	_____	$120	$ _____
Theatre:	_____	_____	_____	_____	$108	$ _____
Capoeira:	_____	_____	_____	_____	$120	$ _____
Fitness:	_____	_____	_____	_____	$90	$ _____
Other:	_____	_____	_____	_____		$ _____
Other:	_____	_____	_____	_____		$ _____
					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, RIOC, 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)