

MST&DA Registration — Winter/Spring 2020 (18 weeks)

For classes other than performance theatre only; dance, capoeira, non production theatre, and fitness. Performance Theatre, children/teen theatre, and Adult Musical Theatre Studio is on page 3 of the application

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: _____

Classes begin Jan. 6, 2020. Dance, Capoeira, Fitness & Non-Production Theatre classes are discounted when purchased in a session (\$18-\$16/class); Drop-In's are \$15-\$30/class.

<u>Participant</u>	<u>Class Name</u>	<u>Day</u>	<u>Time</u>	<u>Fee</u>	<u>Amount Due</u>	
Class 1: _____	_____	_____	_____	\$324	\$ _____	
Class 2: _____	_____	_____	_____	\$306	\$ _____	
Class 3: _____	_____	_____	_____	\$288	\$ _____	
Fitness 1: _____	_____	_____	_____	\$216	\$ _____	
Fitness 2: _____	_____	_____	_____	\$216	\$ _____	
Other: _____	_____	_____	_____		\$ _____	
Other: _____	_____	_____	_____		\$ _____	
Other: _____	_____	_____	_____		\$ _____	
1 Month Fitness Class Pass (adults only):				No. _____ x	\$85	\$ _____
				Total	\$ _____	

All classes depend upon sufficient enrollment. All classes are non-refundable.
 Age requirement must be met by January 6, 2020.
 Pay in two installments, \$10 extra per class (**2nd payment is due by 4/01/20**)

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)