

**E-Mail will be the Academy's primary form of communication. Please print legibly & update the Academy if your e-mail address changes. Thank You!**

## 2010- 2011 FALL REGISTRATION FORM

### Mary Jo's Performing Arts Academy

PLEASE PRINT LEGIBLY

Student's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Primary E-Mail: \_\_\_\_\_

Legal Guardian(s):  Both Mother & Father  Mother  Father Other: \_\_\_\_\_

Mother OR Guardian Name: \_\_\_\_\_ Mother's e-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

\*Mother's Place Of Employment: \_\_\_\_\_ Phone#: \_\_\_\_\_

Father OR Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_

Father's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

\*Father's Place Of Employment: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name Of Closest Relative Or Friend: \_\_\_\_\_ Phone#: \_\_\_\_\_

Parent/Guardian Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Please list how you heard of us:  Yellow Pages  Newspaper Ad (Which Publication?): \_\_\_\_\_

Referral (Please list who we can thank!) \_\_\_\_\_  Other (Please list source): \_\_\_\_\_

Any health information we should know (learning disabilities, physical impairments, allergies, etc.) \_\_\_\_\_

Previous performing experience: \_\_\_\_\_ Year began dancing at MJPAA? \_\_\_\_\_

\* If you would like MJPAA to consider your profession/employment services, please explain services you may provide to the Academy.

**I give permission for my child to be photographed and/or videotaped during the concert and for MJPAA promotional purposes.**

Initial \_\_\_\_\_

*I understand MJPAA cares about each student and their safety, therefore:*

**MJPAA faculty and staff cannot supervise students that leave the Academy before, between or after class.**

**Any and all trips should be with parental supervision and permission.**

Initial \_\_\_\_\_

**MJPAA faculty and staff have commitments throughout the day to teach class and assist in the office. If you realize you will be more than 15 minutes late after your child's class is over, please contact the Academy immediately. I understand late fees may be assessed.**

Initial \_\_\_\_\_

**I have been informed tuition is not refundable and that I am responsible for tuition until 30 day written notice of the student's withdrawal has been received by MJPAA. I understand monthly billing statements are not mailed. Failure to keep my tuition current may result in student not being allowed to participate in classes or rehearsals. MJPAA reserves the right to use the service of a collection agency or similar institution. If collection and/or litigation become necessary you will be liable for any & all collection attorney & court fees.**

Initial \_\_\_\_\_

**If a new or returning student participates in the annual concert, one parent or guardian must attend one required concert information meeting. I understand I am responsible for concert information & compliance.**

Initial \_\_\_\_\_

**I have read and understand the Academy Policy Handbook and Concert Policy Information and will abide by the rules and regulations of Mary Jo's Performing Arts Academy. I have verified all of the above information has been submitted to MJPAA and is correct.**

DATE: \_\_\_\_\_

Signature \_\_\_\_\_

# AUTHORIZATION FOR MEDICAL TREATMENT

## Parent Or Guardians For Minors:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child \_\_\_\_\_, as they may deem advisable.

Medical Conditions/ Allergies: \_\_\_\_\_

## IN CASE OF EMERGENCY PLEASE NOTIFY:

1. \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Further, in consideration of my child's participation in this program, I, \_\_\_\_\_ parent of \_\_\_\_\_, intending to be legally bound, so hereby waive, release, and forever discharge any and all rights and claims for damages, including any claims for loss, damages, or injury to my child's person or property arising from the performance or failure of performance of Mary Jo's Performing Arts Academy and it's representatives, successors, and assigns.

Student's Name: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## If Over 18 please fill out below:

In consideration of my participation in this program, I \_\_\_\_\_, intending to be legally bound, so hereby waive, release, and forever discharge any and all rights and claims for damages, including claims for loss, damages, or injury to myself or property arising from the performance or failure of performance of Mary Jo's Performing Arts Academy and it's representatives, successors, and assigns.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Participant's Name (Please Print)

**Any questions, please contact Mary Jo's Performing Arts Academy at 813- 969-0240.**

