

Registration Form 2018-2019 Please complete and return with Registration Fee of \$25.00 per student.

We must have a registration form on file for all students. Students who do not have a form on file will not be allowed to participate in classes until this form is completed and returned.

I wish for my child/myself to participate in SkyStone Conservatory classes. I understand dance and/or other classes at SkyStone Conservatory of the Arts will put an increased workload on the circulatory/muscular/skeletal systems. The body's reaction to such activities cannot be predicted with complete accuracy. As with any physical activity, there is always risk of stress or injury to bones, joints, ligaments, and/or muscles. Abnormalities could appear in blood pressure, heart rate, or heart function. I understand that my child and I are to report promptly to Barbara Craig or other teachers at SkyStone any signs or symptoms of distress, abnormality, or pain. I understand that all due regard and safety precautions will be used; however, in the event my child is injured or loses personal property, I will not hold SkyStone Conservatory of the Arts, Barbara Craig, or employees/teachers responsible.

My child is/I am physically able to participate in activities at SkyStone Conservatory. I have read and understand the above, and any questions I have are answered to my satisfaction. I consent to emergency treatment deemed necessary by instructors.

Yes _____ No _____

Student's Name _____ Date of Birth _____

Address _____ Zip Code _____

Phone number (s) _____

Parent's name (if student is under 18) _____

Email _____ Emergency Contact/Phone _____

Does your child/Do you have:

Food Allergies (list if Yes) _____

Heart trouble _____ Pain in heart or chest _____ History of asthma or other lung condition _____

Skeletal/muscular problems (back/feet/knees) _____

Other health problems of note _____

If you answered YES to any of the above questions, please obtain a statement from your physician affirming that it is not hazardous for your child/yourself to participate in activities at Skystone.

I give SkyStone permission to use my child's/my photo on the SkyStone website, school advertising, or other publications related to SkyStone such as recital programs and/or brochures. Yes ____ No ____

Parent/Guardian signature _____ Date _____

Student name as it should appear in the recital program _____

Classes you are selecting for 2018-19 season _____

Summer ____ Fall ____ Dance ____ Theater ____ Visual Arts ____ Workshops ____

If you are registering more than one child or are including a tuition payment with your registration fee, please specify how the payment is to be applied to your family.
