



REGISTRATION FORM

Please complete:

Personal Information:

Date: _____

Last Name: _____ First Name: _____ Age: _____ Birth date: _____ Male Female

U.S. Citizen: Yes No If no, which country? _____ Resident Alien? (green card holder) Yes No

Current Address: _____ City: _____ State: _____ Zip: _____

Telephone: (_____) _____ ****Email (write clearly!) _____**

Permnt' Address (if different from above): _____ City/State/Zip: _____

Parent/Gaurdian Information (if under 18 years of age):

Name: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: (_____) _____ Business Telephone: (_____) _____

Emergency Contact Information:

Name: _____ Relationship: _____ Tel: (_____) _____

Select from the age-specific program menu:

Program	Amount	Total
<input type="checkbox"/> Pre-Teens (Grades 5 - 8)	\$350	= _____
<input type="checkbox"/> Professional Track (Grades 9 - Adult)	\$350	= _____
Script Deposit (Retured when you hand in script)	\$25	= <u> \$25 </u>
Your Overall Total		\$375

Facility notes:

staff signature _____

REFUND POLICY

Deposits and tuition are non-refundable. (There are absolutely NO tuition REFUNDS. It is the responsibility of the participant or parent (payee) to make sure that the participant is using the program to his/her best interest. Applications will be reviewed promptly on a rolling basis.

WAIVER AND RELEASE

I hereby agree to participate in the dance, performance and exercise classes given by NYIDE upon the understanding and condition that:

1. I represent to the Institute that I am physically capable of participating in a vigorous cardiovascular exercise program and that, to the extent necessary in light of my prior health history, weight and general physical condition, I have consulted my personal physician or other health authority before making such representation.
2. I recognize the risk of illness and injury inherent in any dance or exercise program and I am participating in the Institute's program upon the express agreement and understanding that I am hereby waiving and releasing the Institute from any and all claims, cost, liabilities, expense or judgments, including attorney's fees and court costs (herein, collectively "claims") arising from my participation in the Institute's programs or any illness or injury resulting there-from. I hereby further agree to indemnify and hold harmless the Institute from and against any and all such claims except claims proximately caused by the gross negligence or willful misconduct of NYIDE.
3. I agree to inform NYIDE before participation in any of its programs of any change in my physical condition which might in any way adversely affect my ability to participate in the program safely. I hereby execute and deliver this waiver and release to induce NYIDE to permit my participation in this program.

PLEASE SIGN BELOW

Your signature below indicates you have read, understand, and comply with all the policies in this agreement. Registrants also consent to the use of registered student's name, photograph(s) and video (that may include them) for occasional advertising and/or promotions of Fine Arts Dance. Such material includes but is not limited to: Newspapers, Television, Web Design, Advertisement and columns.

Signature of student

Date

Signature of Parent (payee) if under 18yrs of age

Date

Are you interested in participating in the NEW YORK MUSICAL THEATER PROJECT? YES NO

Questions? Call 315 - 252 - 4420
Visit us at www.nyide.com