



# MASTER REGISTRATION FORM

**A \$25 REGISTRATION FEE IS REQUIRED FOR ALL PROGRAMS WITH THE EXCEPTION OF THE CONSERVATORY**

SCHOOL-YEAR PROGRAMS OFFERED:

*NEW! Duet Saturday Studios Dance II Music School The Conservatory*

ARTS ACADEMY

*Art Institute School of Dance Studio Players*

SUMMER PROGRAMS OFFERED:

*Camp Hart Ailey Camp The Conservatory  
Summer Institute for Blind College-Bound Musicians*

STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ GRADE: \_\_\_\_\_

GENDER: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ PROGRAM DESIRED: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ GRADE: \_\_\_\_\_

GENDER: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ PROGRAM DESIRED: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CELLULAR PHONE: \_\_\_\_\_ ALTERNATE PHONE NUMBER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATION TO STUDENT: \_\_\_\_\_

**EMERGENCY MEDICAL RELEASE:**

I give NSFC and its personnel permission to seek medical attention, in the event of an emergency, if NSFC is unable to contact me or the person listed above. NSFC shall have the right to determine whether a medical emergency exists. NSFC shall not be responsible for payment of medical service of such emergency, and will be reimbursed for any expenditure incurred. YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, EXPLAIN: \_\_\_\_\_ INITIAL: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Health Concerns: \_\_\_\_\_

**MEDIA RELEASE:**

I give NSFC permission to use the student's name or photograph for newspaper, video or media release.

YES \_\_\_\_\_ NO \_\_\_\_\_ IF NO, EXPLAIN: \_\_\_\_\_ INITIAL: \_\_\_\_\_

**ETHNIC ORIGIN (NEEDED FOR STATISTICAL USE ONLY):**

African American \_\_\_\_\_ Hispanic \_\_\_\_\_ Native American \_\_\_\_\_ Caucasian \_\_\_\_\_ Asian \_\_\_\_\_ Other (Explain) \_\_\_\_\_

**THIS FORM CANNOT BE PROCESSED WITHOUT THE RECEIPT AND PAYMENT OF REGISTRATION FEE**

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

OFFICE USE ONLY: \$25 REGISTRATION FEE RECEIVED DATE: \_\_\_\_\_ CASH \_\_\_\_\_ CHECK# \_\_\_\_\_



## Dance II

# D a n c e I I

An exclusive dance program providing instruction in contemporary dance disciplines for graduates of Ailey Camp. Students will be given intermediate and advanced instruction in modern dance. Guest artists will provide additional instruction in different genres and techniques. Several performance opportunities are available throughout the year.

This program is open to any youth aged 11 to 18 who has graduated from Ailey Camp. Space is limited. Tuition is \$300.00 for 25 weeks of class. A \$25.00 registration fee and a \$15.00 performance fee are required. The program begins on Saturday, October 2, 2010. The hours are from 10:00 AM - 1:00 PM.

<u>Student Name:</u>	Age	<u>Student Name:</u>	Age
1. _____	_____	2. _____	_____
I HAVE READ THE GENERAL POLICIES AND AGREE TO ABIDE BY THE TERMS AND CONDITIONS			
SIGNATURE: _____		DATE: _____	
<u>IF AN AGENCY IS PAYING THE FEES, AUTHORIZATION IS REQUIRED</u>			
Name of Authorized Agency Representative: _____			
Office Phone: _____		Cellular Phone: _____	
SIGNATURE: _____		DATE: _____	