

# DanceWorks of Nantucket 2016-2017

## Registration Form

TODAY'S DATE: \_\_\_\_\_

Please use one form per child. Please include your e-mail address, which will be used to notify you of updates and cancellations.

### REGISTRATION POLICY:

Students who participated in Dance Works 2015-16 will be guaranteed a space for the upcoming year in at least one class. New students will be accepted on the basis of a lottery system. Once the drawing has taken place, you will be notified of your child's class OR waitlist placement prior to the first day of class.

**\*\*All students must be at least 3 years, 6 months of age and fully potty-trained by September 17, 2016 to enroll.**

### DANCER INFORMATION: (Please print clearly using blue or black pen)

Child's Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Gender M/F: \_\_\_\_\_

Child's previous dance experience (i.e. where, how many years, type of dance training):  
\_\_\_\_\_  
\_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

Mother/Guardian Full Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Preferred Method of Contact** (Circle One): E-Mail    Home Phone    Daytime Phone

Father/Guardian Full Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Preferred Method of Contact** (Circle One): E-Mail    Home Phone    Daytime Phone

**Emergency Contact/Pick Up Information:** (Name and phone number **other** than parent/guardian)

Contact 1: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Contact 2: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**Names of other Adults who you authorize to pick up your child:**  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE, it is very important for you to communicate the following info about your child:**

Allergies? \_\_\_\_\_

Learning or Behavioral concerns and strategies? \_\_\_\_\_

Medical Issues? \_\_\_\_\_

Name of Class:	Preferred Day/Time	SESSION COST:
_____	_____	_____
_____	_____	_____

**PLEASE indicate above if you hope to enroll in both classes OR are listing classes in order of your preference.**

### PAYMENT METHOD

**TOTAL:** \_\_\_\_\_

Check/Cash/Name on Credit Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date \_\_\_\_ / \_\_\_\_ Security Code \_\_\_\_\_

# Nantucket Community School

Child's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

## PAYMENT POLICY:

Payment must be made in full at the time of registration. Payment plans are available per request. Cash, checks, MasterCard and Visa are acceptable forms of payment. Please make payment by check or money order payable to the Nantucket Community School and write your child's name and class in check memo. There is a no refund policy. This form, with signatures and payment, is required for your registration to be considered complete. Please drop off your registration form to either NCS office location: 56 Centre Street or 128 Old South Road.

## EMERGENCY MEDICAL AUTHORIZATION, HOLD HARMLESS AGREEMENT & CONSENTS

In the event a participant is injured or becomes ill while participating in a program offered through the Nantucket Community School, the team member in charge will contact the participant's parent, guardian and/or emergency contact. However, if the parent, guardian and/or emergency contact cannot be reached, or if in the judgment of the staff, the illness or injury requires immediate attention, the Nantucket Community School is authorized to obtain such medical assistance as deemed necessary or proper, including, but not limited to, appropriate medical treatment at Nantucket Cottage Hospital. In order to provide this authorization, this Emergency Medical Authorization form, Hold Harmless Agreement and Consent form must be completed and on file with the Nantucket Community School.

I, the parent/legal guardian of minor child, \_\_\_\_\_, who is enrolled in the Nantucket Community School's program/class authorize that said child be taken to the Nantucket Cottage Hospital when the need for such treatment is immediate and efforts to contact me are unsuccessful. I acknowledge that I am responsible for all charges for treatment and subsequent care rendered during this period.

I, the parent/guardian of minor child listed above, voluntarily enroll said child in the Nantucket Community School program, and with enrollment, voluntarily consent to the Nantucket Community School's policies and hereby give permission for my minor child, to participate in the registered programs.

I, the parent/guardian of minor child listed above, understand and agree to save and hold the Town of Nantucket, the Nantucket Public Schools, the Nantucket Community School, its agents, servants and employees, harmless from any and all liability in any way for any occurrence in my voluntary enrollment of myself or my child in this activity which may result in bodily injury, property loss or damage, death or other damages to me or my family, heirs, or assigns.

In consideration of voluntarily participating and being allowed to enroll my child in this activity, I hereby personally assume all risks for injury in connection with this course/program/activity. I understand that I will be financially responsible for any damage my child may cause in 2016/2017 on any property of the Nantucket Public Schools/Nantucket Community School or any satellite program locations. I understand that my child may also lose the privilege of participating in current and/or future Community School programs.

I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not mere recital; and that I have signed this document as my own free act. Furthermore, if registering for an activity that involves physical exertion, I state that I have consulted with a physician regarding my child's physical health. I affirm that my child is physically fit and I assume responsibility for the risk of injury to my child. I have fully informed myself of the contents of this affirmation and release by reading it before I signed it. By virtue of my signature below I attest that I have asked any/all questions and received satisfactory answers to any/all questions I may have had regarding this hold-harmless agreement.

I hereby authorize communication between the Nantucket Community School and my child's specific public or private school to release and/or obtain pertinent information regarding my minor child for the express education, enrichment and or childcare planning purposes.

In witness hereof, I have executed this affirmation, consent and release at Nantucket, MA on the date listed below:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

Nantucket Community School periodically takes photographs of program participants to celebrate and market the programs. I consent and provide permission for my minor child to be photographed and/or filmed by Lisa Frey, president of Nantucket Event Media, Inc. and/or Nantucket Community School team members for use in future print, electronic or web-based media.

Sign here if you AGREE with the above photo statement: \_\_\_\_\_

Sign here if you do NOT agree with the above photo statement: \_\_\_\_\_