

# Humboldt Lao Dance Registration Form

Fall Session: August 5, 2018- December 2018

**Ages 5-12**



## REGISTRATION FORM

**PARTICIPANT INFORMATION** Please type or print legibly. **\*\*Additional children please write name, age, and t-shirt size behind form.**

**\*\*Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Gender:**  Female  Male **DOB:** \_\_\_\_\_ **T-Shirt Size** \_\_\_\_\_

**School:** \_\_\_\_\_

**Grade attending this year:** \_\_\_\_\_

**Home address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_ **Postal/Zip Code:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **cel:** \_\_\_\_\_

**Parent email:** \_\_\_\_\_

(Include area code with telephone)

 **Please list ADA Accommodations needed:** \_\_\_\_\_

**Mother's name:** \_\_\_\_\_ **Father's name:** \_\_\_\_\_

**Mother's day phone:** \_\_\_\_\_ **Father's day phone:** \_\_\_\_\_

**Mother's cell:** \_\_\_\_\_ **Father's cell:** \_\_\_\_\_

**Person's Authorized to pick up child:** \_\_\_\_\_

**Other Dismissal Arrangements** \_\_\_\_\_

**Emergency contact\*:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Specify any of your child's health problems:** \_\_\_\_\_

**Is your child on any medication? No Yes If so, please specify:** \_\_\_\_\_

**Snacks and drinks:** Snacks and drinks are provided free for each practice, if your child(ren) has any food allergies please notify us asap or list allergies here \_\_\_\_\_.

**Payments:** Tuition may be paid by cash or check, and PayPal (if using debit or credit card)

**Tuition fee**

- **Fall Quarter *REGISTRATION FEE:*** \$25/ a month per family, includes T-Shirt.

\*\*Free tuition is available for families who would like to request it due to financial reasons, please check here if you would like your fees waived

\*\*If you would like to be considered for the waiver, but would still like to contribute donation of \$10/month when possible to our nonprofit please check here

**Contact Information**

Please email [humboldtlaodance@gmail.com](mailto:humboldtlaodance@gmail.com) or [norcallaofoundation@gmail.com](mailto:norcallaofoundation@gmail.com), or contact Ellen Syvoravong 707-843-1861 by phone.

**SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_**

**DROP OFF AND PICK UP TIMES (Parents are welcome to stay)**

Drop off time:

- 12:30PM

Pick up time:

- 2:00PM (\*Time may be extended if we performance coming up).

**REQUIRES PARENT'S SIGNATURE:**

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.

Parent/Legal guardian name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Allergies \_\_\_\_\_

Student Medical Problems \_\_\_\_\_

Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

Insurance carrier \_\_\_\_\_ Policy number \_\_\_\_\_

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**PHOTO/ VIDEO RELEASE PERMISSION**

I hereby give permission to **Humboldt Lao Dancers** to photograph and/or videotape the student for educational or promotional purposes. Most pictures will be posted on a members only Social Media account such as Facebook and Instagram, as well as our personal website. \_\_\_\_\_ (Initial)

\*If you wish your child not to be photographed or videotaped please check here

**PARENT STATEMENT**

I hereby state that (dancer (s)name) \_\_\_\_\_ is in good mental and physical health condition to participate in the activities provided by **Humboldt Lao Dancers** including but not limited to all aspects of cheerleading, tumbling, and dance training, and all outside sports. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **Humboldt Lao Dancers, its employee and its staff** from liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring in the premises of **Humboldt Lao Dancers** including any event sponsored or sanctioned by **Humboldt Lao Dancers** and or travel to and from such activities.

I understand that **Humboldt Lao Dancers** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **Humboldt Lao Dancers** or its scheduled program and that **Humboldt Lao Dancers** has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_