

**Ballet Folklorico Herencia de Mexico  
Summer Session 2015-2016 June-July  
Ages 18-Adult**

**REGISTRATION FORM**

**PARTICIPANT INFORMATION**

Please type or print legibly

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

**Gender:**  Female  Male **Date of Birth:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_

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

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

**Country:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

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

**(Include area code with telephone)**

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

**Specify any health problems:** \_\_\_\_\_

**Are you on any medication?** No Yes **If so, please specify:** \_\_\_\_\_

**Specify Level:**  Beginner  Intermediate  Advanced

**Years of experience:** \_\_\_\_\_

**Payments:** Tuition may be paid by cash or check

**Fees:**

- **SUMMER SESSION 2015-2016 JUNE 1<sup>TH</sup>.- AUGUST 12<sup>TH</sup>. Registration fee:** \$30 before june 1<sup>st</sup>. \$35 After June 1<sup>st</sup>.

**CASH**  **CHECK**

**Contact Information**

For more information, contact Araceli Lopez, Director at 479-387-0486  
Emails: [laocontactus@latinartarkansas.org](mailto:laocontactus@latinartarkansas.org)

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# Ballet Folklorico Herencia de Mexico Summer Session 2015-2016 June-July Ages 18-Adult

## REQUIRES DANCER'S SIGNATURE:

You have my 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 me as they may deem advisable.

Dancer name: \_\_\_\_\_ Date: \_\_\_\_\_

Dancer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Dancer Problems: \_\_\_\_\_

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

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

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## MEDICAL RELEASE

I hereby state that I (dancer's name) \_\_\_\_\_ am in good mental and physical health condition to participate in the activities provided by **BALLET FOLKLORICO HERENCIAD DE MEXICO** including but not limited to all aspects of dancing folkloric music, and dance training, and warming activities, and all performances. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **BALLET FOLKLORICO HERENCIAD DE MEXICO , 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 **BALLET FOLKLORICO HERENCIAD DE MEXICO** including any event sponsored or sanctioned by **BALLET FOLKLORICO HERENCIAD DE MEXICO** and or travel to and from such activities.

I understand that **BALLET FOLKLORICO HERENCIAD DE MEXICO** 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 class, etc.) or becomes involved in any activity or with any persons not associated with **BALLET FOLKLORICO HERENCIAD DE MEXICO** or its scheduled program and that **BALLET FOLKLORICO HERENCIAD DE MEXICO** has the right to send him/her home for inappropriate conduct. No refunds will be given. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PHOTO RELEASE

I, \_\_\_\_\_ the undersigned, do hereby consent and agree that **BALLET FOLKLORICO HERENCIAD DE MEXICO**, its employees, or agents have the right to take photographs, videotape, or digital recordings of me and to use these in any and all media types including websites, now or hereafter known, and exclusively for the purpose of **BALLET FOLKLORICO HERENCIAD DE MEXICO**

I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to **BALLET FOLKLORICO HERENCIAD DE MEXICO**, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that the **BALLET FOLKLORICO HERENCIAD DE MEXICO** is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and I am competent to execute this agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_