

**Working Hands Program
Summer Session 2015-2016 June-July
Ages 6-18**

REGISTRATION FORM

PARTICIPANT INFORMATION

Please type or print legibly

Last Name: _____ **First Name:** _____ **Middle Name:** _____

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

School: _____

Home address: _____

City: _____ **State/Province:** _____ **Postal/Zip Code:** _____

Country: _____ **Telephone:** _____ **Cell:** _____

Parent email: _____

(Include area code with telephone)

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: _____

Payments: Tuition may be paid by cash or check

Fees:

- **SUMMER SESSION 2015-2016 JUNE 1TH.- AUGUST 12TH. Registration fee:** \$50 before june 1st. \$60 After June 1st.

CASH

CHECK

Contact Information

For more information, contact Araceli Lopez, Director at
479-409-0=9129

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____

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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: _____

Who is financially responsible for the student?

Name: _____

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Telephone: _____ Cel: _____

MEDICAL RELEASE

I hereby state that (dancer's name) _____ is in good mental and physical health condition to participate in the activities provided by **LAOA Working Hands Program** including but not limited to all aspects of playing music, and performances. I am fully aware that any activity creates the possibility of injury. I hereby release **LAOA Working Hands Program, its employee and its staff** from liability to the above named student, of the person claiming through him/her, arising from injury to the person or property of the above named student occurring in the premises of **LAOA Working Hands Program** including any event sponsored or sanctioned by **LAOA Working Hands Program** and or travel to and from such activities.

I understand that **LAOA Working Hands Program** 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 **LAOA Working Hands Program** or its scheduled program and that **LAOA Working Hands Program** 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 **LAOA Working Hands Program**, its employees, or agents have the right to take photographs, videotape, or digital recordings of _____ and to use these in any and all media types including websites, now or hereafter known, and exclusively for the purpose of **LAOA Working Hands Program**,

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

I do hereby release to The **LAOA Working Hands Program**, 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 **LAOA Working Hands Program** 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: _____