

## 2017-2018 CLASS REGISTRATION FORM

STUDENT(S) NAME(S)	
Mailing address, town, zip	
	ALT. PHONE
E-MAIL	
PARENT NAME (of minor)	
BILLING ADDRESS (if different fro	m mailing)
For grant reporting purposes on	ly:
DATE OF BIRTH	RACE/ETHNICITY
FEES: ANNUAL REGISTRATION FE	EE \$15 (once per class year Sept. 1 to Aug. 31)
CLASS NAME	CLASS FEE
CLASS NAME	CLASS FEE
TODAY'S DATE	TOTAL*
MEDICAL INFORMATIONMUST	BE COMPLETED for minor children
Doctor/Clinic Name	
Emergency Contact	Emergency Phone
Any Allergies?	Any Medications?
May we have permission to adr	ninister Acetaminophen or Iboprofen?
If yes, what dosage is allowed?	

## (CONTINUED ON THE BACK – SIGNATURE REQUIRED)

**Statement**: I, my child and/or my family (herein known as the "Student") will be attending Eastern Shore's Own, Inc. (herein known as "ESO"). I hereby authorize ESO to make arrangements for or give any medical attention to the Student, emergency or otherwise that is deemed necessary under the circumstances by the sole discretion of ESO. I hereby give permission to the physician selected by ESO to hospitalize and secure proper treatment as the physician may deem appropriate.

- When students are involved with any physical activities, therein occurs the possibility of accidental injury. While it is our expressed intention to provide for the safety and protection of each student, the student/parent, understands and is aware that the possibility of injury is present. Therefore, the student/parent agree that ESO, Inc., our staff and contracted affiliates shall not be held liable for any injury sustained by the student either before, during, or after participating in his or her scheduled class or any other special event.
- I understand that payment in full is due on or before the date of individual lessons, and that payment "by the month" for individual or group classes is due in full by the 10<sup>th</sup> of each month. Except for extenuating circumstances, I understand I will be responsible for payment of scheduled individual lessons where a 24-hour notice of cancellation has not been given. Pre-paid missed classes may be made up at the convenience of instructor and student within two weeks of original date.
- ESO, Inc. reserves the right to use photographs, taken either in class or on the ESO campus, of ESO student and/or their art, for the purposes of instruction, advertising and promoting ESO and its programs. Students, or parents of students who are minors, who do not wish to comply with this policy must notify the ESO office in writing when they register.

## I HAVE READ AND UNDERSTAND ALL POLICIES AND PROCEDURES SET BY Eastern Shore's Own, Inc.

Signature\_\_\_\_\_

## <mark>FOR REGISTERING BALLET STUDENTS ONLY</mark> – PLEASE COMPLETE<u>:</u>

For Production costuming purposes, at the request of Dana Floyd Sutter, School of Dance Director, please provide the following information for your ballet student(s):

Dress size (S, M, L, etc.) \_\_\_\_\_

Shoe size \_\_\_\_\_

Leotard size \_\_\_\_\_

Tight size \_\_\_\_\_

They have permission to ride with:\_\_\_\_\_

\*\* Please note that hair should be worn up for all classes, preferably in a bun (bun mandatory for Levels 3 and up). No jewelry is to be worn, and no cell phones are allowed in class. If they change who they ride home with, please notify School of Dance Director Dana Floyd-Sutter in writing.