



# marin *dance* theatre

Margaret Swarthout, Artistic Director · Lynn Cox, School Director  
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## Registration Booklet Summer 2018

(NEW students aged 3-11, i.e. NOT registered 2017-18 school year)

### Student Information:

Summer Program Name: \_\_\_\_\_ Program Days/Times: \_\_\_\_\_

How did you hear about MDT? \_\_\_\_\_

Student's Name: \_\_\_\_\_

(Last) (First)  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Gender (M/F) Student Cell Phone: \_\_\_\_\_

Academic school currently attending: \_\_\_\_\_ Grade: \_\_\_\_\_

**Primary Contact Name:** \_\_\_\_\_

(Last) (First)  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Number & Street City Zip  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ @

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Alternate Contact Name:** \_\_\_\_\_

(Last) (First)  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Number & Street City Zip  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ @

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Payment Information:


#### Credit Card Billing Information:

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

MC/VISA # \_\_\_\_\_ Exp: \_\_\_\_\_ CSC: \_\_\_\_\_

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

Tuition: \$ \_\_\_\_\_

Discount: \$ < \_\_\_\_\_ >  
sibling / prorated  
start date: \_\_\_\_\_

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

**\*Tuition is due at the time of registration.**

#### For office use only:

Invoice #: \_\_\_\_\_ Date: \_\_\_\_\_

Pymt. type: \_\_\_\_\_ Date: \_\_\_\_\_

- I have enclosed a separate check.
- I authorize MDT to charge my credit card above in the amount of \$ \_\_\_\_\_  
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I understand that MDT is a non-profit organization, and that tuition covers 50% or less of the school's expenses. I therefore wish to make an additional tax-deductible donation of: \$ \_\_\_\_\_ by check \_\_\_\_\_ or credit card above \_\_\_\_\_ Initials: \_\_\_\_\_

MDT funding sources require information regarding racial/ethnic origin. Responses are confidential. Please check one.

White    Asian-American/Pacific Islander    African-American    Hispanic/Latino    Other \_\_\_\_\_

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**Alternate/Emergency Contact:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

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**Medical Information**

Medications taken on a regular schedule, including prescriptions\*: \_\_\_\_\_

\*If the student requires regular medication, please be sure he/she is adequately supplied and instructed while participating in MDT school activities.


Reason for taking above medication(s): \_\_\_\_\_

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

Please list any past and/or current injuries and/or medical conditions that may impact or inhibit student's participation in class: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

My signature verifies that I will inform MDT staff of any injuries and/or medical conditions that arise which may impact or inhibit student's participation in class:

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

**Medical Emergency Authorization**

I/we, \_\_\_\_\_, the parent(s) or legal guardian of the aforementioned student, do hereby authorize Marin Dance Theatre and/or its designated representatives as the agent for the undersigned to consent to emergency medical or dental care for the above student and hospital care under the general or special supervision by a physician or surgeon licensed under the Medical Practice Act or a dentist licensed under the Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to our agent to give specific consent to any and all such diagnosis, treatment or hospital care which the physician, surgeon, or dentist in the exercise of his/her best judgment may deem advisable.

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

**Insurance Information**

Please check one:  PPO       HMO       POS       No restrictions on physician/facility

Insurance company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Policyholder: \_\_\_\_\_ I.D. number (or S.S.#): \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Group or Member #: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_


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**Photograph Release**

Marin Dance Theatre uses images for educational, promotional, advertising and other purposes that support the mission of MDT. Images used on our Web site are low resolution and children’s names are not listed on our website or marketing materials.

I understand that all MDT performances are filmed and photographed and refusal to accept the terms of this photograph release could result in my child not being able to participate in a performance.

I hereby grant MDT permission to use my child’s image in marketing materials, such as newspaper articles and website publication. I grant MDT all rights to use images in any medium and I understand that all rights to these images belong to Marin Dance Theatre.

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

**Assumption of Risk and Release Agreement**

I, \_\_\_\_\_, (Parent/Guardian) agree and acknowledge that I have voluntarily applied my child to attend and participate in all Marin Dance Theatre activities and events.

I understand that ballet training for Marin Dance Theatre students requires a sustained, repetitive and vigorous physical activity, usually performed on a hard or lightly padded surface without protective footwear (i.e. athletic shoes). It is also understood that dance instruction involves kinetic corrections that may include physically touching the student as part of regular class work and rehearsals.

I understand that participants engage in a broad range of quick movements, bending, twisting, running, leaping, and lifting, which place extreme demands on the human body, including stress of joints and ligaments, repetitive impact, and occasional falls, slips and collisions with other participants and objects. I also understand that the Marin Dance Theatre is not staffed to monitor and supervise the activities of its students at all times, and the tuition schedule does not contemplate constant supervision.

I also understand that there are inherent risks of serious personal injury involved in all of the above activities as well as in the general participation in School activities and events. I voluntarily assume and accept such risks of personal injury and illnesses arising from my attendance and participation in such activities and events.

(Continued on next page)

**Indemnify and Hold Harmless**

I, \_\_\_\_\_, (Parent/Guardian) hereby agree to indemnify and hold harmless Marin Dance Theatre, its trustees, officers, board members, employees, and agents from all actions, claims, or demands that I and my heirs or representatives now have or may hereafter have for personal injuries or property damage resulting from attendance at and/or participation in MDT school activities and events. I agree that this release includes personal injury or property damages caused in whole or in part by alleged negligence, active or passive, of Marin Dance Theatre, its trustees, employees, and agents. This release does not apply to liability for willful injury or fraud. This permission and release shall remain effective through the end of the school year, unless and until a written revocation is delivered to the School’s Director.

**Mandatory and Binding Arbitration**


Any dispute arising out of or relating to this Agreement or any breach of this Agreement shall be submitted to and determined in binding arbitration. The arbitration shall be conducted before and by a single arbitrator selected by the parties. If the parties have not selected an arbitrator within 10 days of written demand for arbitration, the arbitrator shall be selected by the American Arbitration Association pursuant to the then current rules of the Association. The arbitrator shall have authority to fashion such just, equitable and legal relief as he, in his sole discretion, may determine. Each party shall bear its own attorneys’ fees, costs, and expenses of arbitration. All arbitration proceedings shall be conducted in the city of San Rafael, State of California. The duty to arbitrate shall survive the cancellation or termination of this agreement.

This agreement applies to any and all allegations, disputes, and claims for relief, between the Parties including but not limited to those listed: Cancellation and/or termination of the contract; claims based on Federal, State, or local statute, ordinance, or governmental regulations; contractual violations; statutory and common law claims and disputes, regardless of whether the statute was enacted or whether the common law doctrine was recognized at the time this Agreement was signed; and whether any and all disputes or claims are open to arbitration.

The Parties understand that by signing this Agreement, they are agreeing to substitute one legitimate dispute resolution forum (Informal Dispute Resolution Process, mediation and/or arbitration) for another (litigation), and thereby are waiving their right to have their disputes resolved in court. This substitution involves no surrender, by either party of any substantive statutory or common law benefit, protection, or defense.

My signature below verifies that I have received, read and agree to the terms and conditions set forth in MDT’s Medical Emergency Authorization, Parent Participation Program, Photograph Release, Assumption of Risk and Release Agreement, Indemnify and Hold Harmless and Mandatory and Binding Arbitration. I understand it is a full release of liability and I agree to be bound thereby. This form is a liability waiver in effect throughout the period in which the student is enrolled at MDT.

Parent/Guardian Name (Please Print): \_\_\_\_\_

 Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_