



marin *dance* theatre

One St. Vincent Drive, San Rafael, California 94903
Tel: 415.499.8891 · Fax: 415.499.7687
Email: info@mdt.org · Web: www.mdt.org

Registration Booklet Academic Year 2017-2018

Student Information:

Instruction Level: _____ Class Day/Time: _____

How did you hear about MDT? _____

Student's Name: _____

Age: _____ Date of Birth: _____ / _____ / _____ Gender (M / F) Student Cell Phone: _____

Academic school currently attending: _____ Grade: _____

Primary Contact Name: _____

Address: _____ (Last) _____ (First) Home Phone: _____

Cell Phone: _____ Number & Street _____ City _____ Zip _____ Email: _____ @ _____

Occupation: _____ Work Phone: _____

Alternate Contact Name: _____

Address: _____ (Last) _____ (First) Home Phone: _____

Cell Phone: _____ Number & Street _____ City _____ Zip _____ Email: _____ @ _____

Occupation: _____ Work Phone: _____

Payment Information:

**Note: A 10% discount is given for full payment of academic school year. Annual registration fees are non-refundable.*

Credit Card Billing Information:

Name on card: _____

Annual Registration Fee: \$ 65.00

Billing Address: _____

Tuition: \$ _____

City: _____ Zip: _____ Expires: _____

For Office Use:
Sibling Discount: \$(_____)

Visa/MC/Amex#: _____ 3-digit CSC: _____

Prorated Discount: \$(_____)

 Signature: _____ Date: _____

Start Date: _____

TOTAL DUE: \$ _____

NOTE: Please complete the orange Credit Card Authorization Form to automatically charge your child's tuition on each quarter's due date.

For Office Use: Student ID#: _____

- I have enclosed a separate check **OR**
- I authorize MDT to charge my credit card for the balance due at time of registration.

Invoice #: _____ Payment Type: _____

Date: _____ Date: _____

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: _____ charge to 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: _____

**Please list an emergency contact other than yourself or your spouse/partner listed as the primary & alternative contacts. Please be sure to provide pertinent and current Emergency Contact Information. In the event of an emergency, this person will be contacted if you cannot be reached.*

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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, any past and/or current medical conditions or any additional information about your child's learning style 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:

 Parent/Guardian 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.

***If you would like to be added to the MDT Emergency Text Alert Notification, please check this box.**
(An example would be a school power outage, flooding, etc.)

Emergency Contact Name: _____ Contact Cell #: _____

 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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Parent Participation & Communication

Marin Dance Theatre is a non-profit school that is 100% dependent upon support from parent volunteers. Throughout the academic year, there are **many** opportunities to help. We are always in need of and extremely grateful to those parents who can commit to an ongoing level of contribution (i.e. volunteer to chair or co-chair a committee). Please list any skills and/or resources you can contribute to MDT:

_____ Fundraising _____ Costumes _____ Marketing Other (please list): _____

All parents with students who participate in MDT’s performances **must volunteer to help** with the show **or pay an opt-out fee for each performance**. The fee applies to every student who participates and the fee is per student (not per family). The fees are listed here: **\$100.00 fee for SpringFest, \$100.00 for SummerFest, and \$200.00 for Sophie and the Enchanted Toyshop.**

***If you would like to be added to the MDT School Directory and Car Pool List, please check this box.**

I have read and understand the Parent Participation Policy outlined above.



Parent/Guardian Signature: _____ Date: _____

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, Facebook page, Constant Contact newsletters, and parent emails 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, Facebook pages, website publications, as well as internal email correspondence. 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.

***PLEASE DO NOT USE MYCHILD’S IMAGE IN ANY SCHOOL OR MARKETING MATERIAL**



Parent/Guardian 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.

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 Marin Dance Theatre 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 Marin Dance Theatre'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 temporary liability waiver in effect until Medical Release form is signed by the dancer's doctor and returned to the administrative office at Marin Dance Theatre. The Medical Release form is required to be completed by Junior 4 – Senior 2 dancers.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____