



# STUDENT REGISTRATION

YEAR 2017-2018

## Student Information

|                               |                                     |
|-------------------------------|-------------------------------------|
| Student Name _____            | Date of Birth _____ / _____ / _____ |
| Address _____                 | City _____ Zip _____                |
| Home Phone _____              | Email _____                         |
| Parent/Legal Guardian 1 _____ | Cell # _____ Work # _____           |
| Parent/Legal Guardian 2 _____ | Cell # _____ Work # _____           |
| Allergies/Medications _____   |                                     |
| Emergency Contact _____       | Health Insurer _____ Policy # _____ |

## Classes (additional space available on the back)

|             |                |               |
|-------------|----------------|---------------|
| Class _____ | Day/Time _____ | Teacher _____ |
| Class _____ | Day/Time _____ | Teacher _____ |
| Class _____ | Day/Time _____ | Teacher _____ |
| Class _____ | Day/Time _____ | Teacher _____ |

## Medical Assistance/Photo Release

I, (We) the undersigned parent, parents or legal guardian of \_\_\_\_\_, a minor, do hereby request that he/she be permitted to attend events with Laguna Dance Theatre and/or Laguna Ballet. If the need should arise, I (we) do authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or specific supervisions of the medical staff and emergency room staff licensed under the provisions of the Dental Practice Act, and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. 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 render care, which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment of the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. I will not hold liable Laguna Dance Theatre and/or Laguna Ballet for medical aid rendered and will reimburse Laguna Dance Theatre and/or Laguna Ballet or any of its officers for medical or other expenses incurred in the care of my son or daughter.

This authorization is given pursuant to section 25.8 of the Civil Code of California and will remain effected until revoked, in writing, by the undersigned.

I will permit photographs of my son or daughter to be taken at these events to be used for publicity by authorization of the designated officers of Laguna Dance Theatre and/or Laguna Ballet.

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

