

Student Registration Form 2015

| For Office Use Only | |
|---------------------|-------------|
| Total Students: | Total Fees: |
| | |

Students Information:

| | |
|---|---|
| 1. Student Name: _____ <small>(Last, First, MI)</small> | Age: _____ |
| Date of Birth: ____ / ____ / ____ <small>(MM) (DD) (YYYY)</small> | Grade in School: Infant Toddler Pre-K K 1 2 3 4 5 6 7 8 <small>----- (CIRCLE ONE) -----</small> |
| 2. Student Name: _____ <small>(Last, First, MI)</small> | Age: _____ |
| Date of Birth: ____ / ____ / ____ <small>(MM) (DD) (YYYY)</small> | Grade in School: Infant Toddler Pre-K K 1 2 3 4 5 6 7 8 <small>----- (CIRCLE ONE) -----</small> |
| 3. Student Name: _____ <small>(Last, First, MI)</small> | Age: _____ |
| Date of Birth: ____ / ____ / ____ <small>(MM) (DD) (YYYY)</small> | Grade in School: Infant Toddler Pre-K K 1 2 3 4 5 6 7 8 <small>----- (CIRCLE ONE) -----</small> |

Class Information

| Class Name | Session(s) <input checked="" type="checkbox"/> (check one) | Day | Time | Student | Tuition |
|------------|---|-----|------|---------|---------|
| 1. | Fall..... <input type="checkbox"/> Full Year.... <input type="checkbox"/> Spring... <input type="checkbox"/> Workshop.. <input type="checkbox"/> | | | | \$ |
| 2. | Fall..... <input type="checkbox"/> Full Year.... <input type="checkbox"/> Spring... <input type="checkbox"/> Workshop.. <input type="checkbox"/> | | | | \$ |
| 3. | Fall..... <input type="checkbox"/> Full Year.... <input type="checkbox"/> Spring... <input type="checkbox"/> Workshop.. <input type="checkbox"/> | | | | \$ |
| 4. | Fall..... <input type="checkbox"/> Full Year.... <input type="checkbox"/> Spring... <input type="checkbox"/> Workshop.. <input type="checkbox"/> | | | | \$ |

Promotions/Coupons *(please attach to form and enter amount)*

| |
|----|
| \$ |
| \$ |
| |

Total Amount Due *(after discounts)*

Billing and Contact Information:

| | |
|---|---------------------------------------|
| Billing Name: _____ <small>(Last, First, MI)</small> | Relationship to Student: _____ |
| Address: _____ <small>(Street) (City) (State) (Zip Code)</small> | |
| Phone: (____) _____ (____) _____ (____) _____ <small>(Home) (Work) (Mobile)</small> | |
| eMail: _____ (____) _____ <small>(eMail Address) (Fax Number)</small> | |
| Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> Cash | |
| Total number of children registering within household/family: _____ | |

Signature: _____ **Date:** _____
(Authorized Signature of Parent)

Terms and Conditions

Waiver of Liability

I hereby release, indemnify and hold harmless Brickman Productions and Rhythm Revolution, its owners, members, advisors, Board of Directors, and all employees and agents of these parties from all liabilities, suits, claims, and/or demands of any kind or nature, legal or financial, whether caused in any way by the negligence or not, arising from the participation in or observation of any Brickman Productions and Rhythm Revolution activity for injuries to any person or property, whether on or off the premises. The student/participant named below does voluntarily participate in any and all Brickman Productions and Rhythm Revolution activities and that the student/participant and I understand that certain risks are inherent to and from participation and involvement with Brickman Productions and Rhythm Revolution and in its various formal and informal activities. Brickman Productions and Rhythm Revolution are not responsible for any lost or stolen property, at any time.

Medical Release

As the parent/legal guardian of the student/participant named below, I request and authorize that in my absence the student/participant named below be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine/Osteopathy or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the student/participant named below. I have not been given any guarantee as to the results of examination or treatment. I hereby authorize Brickman Productions and Rhythm Revolution, its owners, members, Board of Directors, and all employees and agents of these parties to act for the student/participant named below according to their best judgment in providing or arranging for emergency care in any emergency circumstance requiring medical attention. I authorize the hospital, medical or care facility to dispose of any specimen or tissue during the course of any diagnosis, treatment or other normal and customary procedures.

Photo Release

I hereby understand and am fully aware that the student/participant named below may be participating in Brickman Productions and Rhythm Revolution activities in which I and/or the student/participant named below may be photographed or videotaped (the Property) from time to time. I hereby irrevocably grant to Brickman Productions and Rhythm Revolution perpetually, exclusively, and for all media throughout the world (including print, non-theatrical, home video, CD-ROM, internet and any other electronic medium presently in existence or invented in the future), the right to use and incorporate (alone or together with other materials), in whole or in part, photographs, sound bites or video footage taken as a result of participation in Brickman Productions and Rhythm Revolution activities. I hereby agree that I will not bring or consent to others bringing claim or action against Brickman Productions and Rhythm Revolution on the grounds that anything contained in the Property, or in the advertising and publicity used in connection herewith, is defamatory, reflects adversely on me or the student/participant named below, violates any other right whatsoever, including, without limitation, rights of privacy and publicity. I hereby release Brickman Productions and Rhythm Revolution, its owners, members, Board of Directors, and all employees and agents of these parties from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I may hereafter have against Brickman Productions and Rhythm Revolution in connection with the Property. This agreement shall not obligate Brickman Productions and Rhythm Revolution to use the Property or to use any of the rights granted hereunder, or to prepare, produce, exhibit, distribute or exploit the Property. Brickman Productions and Rhythm Revolution shall have the right to assign its rights hereunder, without my consent, in whole or in part, to any person, firm, corporation or organization.

Cancellation, Refund and Payment Policy

Should you or your child(ren) choose to withdraw from a class within the first week, Brickman Productions and Rhythm Revolution will fully refund applicable class fees. Should you or your child(ren) choose to withdraw from a class within the second week, Brickman Productions and Rhythm Revolution will fully refund applicable class fees minus a \$25 cancellation fee per class. No refund will be granted for any cancellations after the second week of the program has ended. A \$25 fee will be charged for any checks returned for insufficient funds.

I, the undersigned, hereby acknowledge that I have been provided, read, understand and unconditionally accept the terms as they have been set forth above.

Parent/Legal Guardian: _____
 (if student is *under* 18) (signature)

_____/_____/_____
 (mm) (dd) (yyyy) (print name)

Known Medical Conditions and Allergies

Please select one:

- Student has no known medical conditions or allergies.
 Student has the following known medical conditions and/or allergies:

