

## Woodland Opera House Dance Education

Student 1: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Class 1: \_\_\_\_\_ Class 2: \_\_\_\_\_ Class 3: \_\_\_\_\_ Class 4: \_\_\_\_\_

Special needs, allergies, or anything you feel staff should know \_\_\_\_\_

Student 2: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Class 1: \_\_\_\_\_ Class 2: \_\_\_\_\_ Class 3: \_\_\_\_\_ Class 4: \_\_\_\_\_

Special needs, allergies, or anything you feel staff should know \_\_\_\_\_

Student 3: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Class 1: \_\_\_\_\_ Class 2: \_\_\_\_\_ Class 3: \_\_\_\_\_ Class 4: \_\_\_\_\_

Special needs, allergies, or anything you feel staff should know \_\_\_\_\_

Student 4: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Class 1: \_\_\_\_\_ Class 2: \_\_\_\_\_ Class 3: \_\_\_\_\_ Class 4: \_\_\_\_\_

Special needs, allergies, or anything you feel staff should know \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email (please print):	
<b>(Please note that important information will regularly be sent via email)</b>	
Alternate Email	

Parent/Guardian 2: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email (please print):	
<b>(Please note that important information will regularly be sent via email)</b>	
Alternate Email	

Alternate Emergency Contact- Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that it is my responsibility to be aware of when classes start/end & when the studio is closed during breaks. **There is a \$10 late fee for payments made after the 1st of the month and for declined cards. If payment is 30 days late I understand that my child can no longer attend class.** In an emergency, I authorize the Woodland Opera House to seek immediate medical treatment for my child/children.  
 Parent/Guardian Signature: \_\_\_\_\_

Registration fee per family \$25  Returning family fee \$15

Please circle payment option: 1. Month to month 2. Discount Package

I authorize the WOH to bill an automatic monthly payment using the follow account. Signature: \_\_\_\_\_

\_\_\_\_\_ / per month tuition Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. \_\_\_\_\_

Date	Payment Form	Month	Amount Paid	Amount Due	Late Fee	Notes
		<b>September</b>				
		<b>October</b>				
		<b>November</b>				
		<b>December</b>				
		<b>January</b>				
		<b>February</b>				
		<b>March</b>				
		<b>April</b>				
		<b>May</b>				

## WAIVER OF LIABILITY, MEDICAL RELEASE & INDEMNIFICATION AGREEMENT

In consideration for myself and my minor children being permitted by the Woodland Opera House to participate in activities described in the **Woodland Opera House Education Program 2018-2019 Schedule** of activities or a **Woodland Opera House Production** I hereby waive, release and discharge any and all claims and damages for personal injury, death, or property damage which I or my minor children may sustain or which may occur as a result of my or my minor children's participation in these activities. I understand and agree that:

1. This release is intended to discharge in advance the Woodland Opera House, its officers, employees and agents from and against any and all liability, except for their sole negligence or intentional acts, connected in any way with the participation of myself or my minor children in activities;
2. The described activity may be of a hazardous, strenuous, and/or physical nature;
3. Participation in the described activity may occasionally result in injury, death or property damage;
4. Knowing the risk involved, nevertheless I voluntarily request permission for myself or minor child to participate in the described activity;
5. I hereby assume any and all risks of injury, death or property damage, and to release and hold harmless the Woodland Opera House, its officers, employees & agents, except for their sole negligence or intentional acts;
6. This waiver, release and assumption of risk is to be binding on the heirs and assigns;
7. I will indemnify and to hold the Woodland Opera House harmless from any loss, liability, damage, cost or expense, including litigation, which they may incur as a result of any injury and/or property damage which myself or my minor children may sustain while participating in said activities;
8. I will make good any loss or damage or cost the Woodland Opera House may have to pay if any litigation arises on account of any claim made by said minors or by anyone on said minor's behalf;
9. In the event that said minor requires medical or surgical treatment while under the supervision of said Woodland Opera House personnel in connection with the described activity, such supervisor may authorize treatment;
10. I will pay all medical, hospital, or other expenses which I or my minor children may incur as a result of such treatment;
11. I expressly permit said minor child to travel by private automobile to activities and events related to the described activity.
12. Activities are not child care as defined by the State of California.
13. I understand that Woodland Opera House staff may photograph, videotape, and interview me and/or my minor children and that the Woodland Opera House may use such photographs, videotapes, and interviews to promote Woodland Opera House programs and classes. I expressly allow, and hereby waive any objection to, the Woodland Opera House's photographing, videotaping, and interviewing of me and/or my minor children when I and/or my minor children are participating in a Woodland Opera House program. I understand all photos and videotapes will remain the property of the Woodland Opera House.
14. The Woodland Opera House is not responsible for children following the dismissal of a program.

I certify that I have custody or am the legal guardian of said minors by court order, and that I and my minor children are physically able to participate in the described activities. I have carefully read this Waiver of Liability, Medical Release, and Indemnification Agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the Woodland Opera House, and that I sign it of my own free will. The Woodland Opera House may accept future phone-in registrations under these provisions. I also understand the Refund Policy and the Behavior Policy and potential consequences set forth by the Woodland Opera House and agree to such terms.

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**Signature of Parent/Guardian**

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**Date**