*******FESTIVAL OF DANCE*******

INSTITUTE of MUSIC and DANCE at Marygrove College

----------STUDENT ENROLLMENT FORM----------

Today's Date _____

STUDENT ID # _____ ❑ female ❑ male

Student Name _____ Date of Birth _____ Age _____

Parent/Legal Guardian (if student is a child) _____

Mailing Address _____

City, State, Zip Code _____

Home Phone _____ Cell Phone _____

Email address _____

Emergency Contact _____ Phone Number _____

The Institute of Music and Dance reserves the right to photograph/publish pictures of enrolled students, in class or performance for educational and promotional purposes.

REGISTRATION

COURSE #	COURSE TITLE & SECTION	DAY & TIME	AMOUNT
IDA 600-01	Festival of Dance		$ 395.00
			$

TOTAL $ _____

****

PAYMENT TYPE: ❑ Cash ❑ Check/MO ❑ VISA ❑ MASTERCARD ❑ Staff Grant ❑ Employee Voucher

Name on Credit Card _____

Credit Card Number _____ _____ _____ _____ Expiration Date _____ / _____

Person financially responsible – if not student: _____

Date of Birth _____ Last four digits of SS # _____

Mailing Address _____

City, State, Zip _____

SIGNATURE _____

Marygrove College admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

5/7/2014

MEDICAL AND LIABILITY RELEASE FORM

(Must be filled out completely by parent or legal guardian. Please do not skip any questions.)

Mother's name _____ Father's name _____

Mother's work phone _____ Father's work phone _____

Mother's cell phone _____ Father's cell phone _____

Legal Guardian's name _____

Legal Guardian's work phone _____ Legal Guardian's cell phone _____

IN THE EVENT OF AN EMERGENCY, IF PARENTS CANNOT BE CONTACTED, NOTIFY:

Name: _____ Phone: _____ Relationship _____

INSURANCE AND MEDICAL INFORMATION

Family Physician: _____ Phone _____

Insurance Carrier: _____ Policy No. _____

MEDICATION (if any) _____ ALLERGIC TO (if any) _____

I authorize Marygrove College to seek treatment for injury or illness to my child while attending Kids' College classes and also authorize a licensed physician, hospital, or medical clinic to perform treatment for any illness or injury to my child. I authorize payment for treatment, either personally or through health insurance carrier listed above.

I also agree to hold harmless & release Marygrove College for any injury sustained as a result of my son or daughter's participation in any and all events. Marygrove College strives to provide the maximum in safety procedures and guidelines for all involved.

Signature of Parent or Legal Guardian: _____

Date _____