## \*\*\*\*\*FESTIVAL OF DANCE\*\*\*\*\*

## INSTITUTE OF MUSIC AND DANCE AT MARYGROVE COLLEGE

TODAY'S DATE				
STUDENT ID#_				
STUDENT NAME	DATE OF BIRT		AGE	
PARENT/LEGAL GUARDIA	N (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 DANGEDUCATIONAL AND PROMOTIONAL PROMOTI		PH/PUBLISH PICTURES OF ENROLLED STUDENTS, II	N CLASS OR PERFORMANCE FOR	
	REGIS	TRATION		
COURSE # DAY & TIME	<u>CO</u> <u>AMOUNT</u>	URSE TITLE & SECTION		
IDA 600-01	_Festival of Dance		\$ <b>395.00</b>	
			<u> </u>	
		т	OTAL \$	
*****		*********		
PAYMENT TYPE: L EMPLOYEE VOUCHER		□ VISA □ MASTERCARE	O STAFF GRANT	
NAME ON CREDIT CARD				
CREDIT CARD NUMBER		EXP	/ EXPIRATION DATE	
PERSON FINANCIALLY RE	SPONSIBLE — IF NOT STUDEI	NT:		
DATE OF BIRTH		LAST FOUR DIGITS OF SS #		
MAILING ADDRESS				
CITY, STATE, ZIP				
CICNATUDE				

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.

MAIL COMPLETED FORM WITH PAYMENT TO: JUDITH MOLINA. DIRECTOR. IMD

3/6/2014

## 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 L		Legal Guardian's cell phone
IN THE EVENT OF AN EMERGI	ENCY, IF PARENTS (	CANNOT BE CONTACTED, NOTIFY:
Name:	Phone:	Relationship
INSURANCE AND MEDICAL IN  Family Physician:  Insurance Carrier:  MEDICATION (if any)		
classes and also authorize a licens	ed physician, hospital	ury or illness to my child while attending Kids' College I, or medical clinic to perform treatment for any illness r, either personally or through health insurance carrier
	d all events. Marygrov	ege for any injury sustained as a result of my son or ve College strives to provide the maximum in safety
Signature of Parent or Legal Gu	ıardian:	
Date		