



# 2012 Summer Movement Institute

## REGISTRATION FORM

### Please indicate the program you wish to attend:

- Full-Time \$1000.00     Pay by the class - \$16.00 per class  
 Full-time with Accommodation (Single occupancy, meals not included) \$1,450.00

\*Rooms are dorm style. No kitchen facilities except for a small fridge in each room. Microwave oven is in the sitting area

### Please print clearly when filling out this sheet. Thank you.

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Student Age: \_\_\_\_\_

Phone (parent/guardian): Home: \_\_\_\_\_ Work: \_\_\_\_\_

Pager/Voicemail: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact (If Different From Parent Or Guardian)

Contact Phone: Home: \_\_\_\_\_ Work \_\_\_\_\_

The Following Information Is Optional And Will Be **Used For Funding Purposes Only**. Thank You

Ethnic Origin:  African American     Caucasian     Latino/Hispanic

Bi-racial     Asian/Pacific Islander     Native Indian/American

East Indian     West Indian

Other: \_\_\_\_\_ Student date of birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

How Did You Hear About The Garth Fagan Dance Summer Movement Institute??

- Brochure/Poster     Word Of Mouth     Media     Website

Payment and Refund policies/Fees

Please include \$30 non-refundable registration fee with this application

- **A Deposit Of \$200** Is Due **BY FRIDAY, MAY 25TH** for students **NOT** requiring accommodation
- **A Deposit Of \$250** Is Due **BY FRIDAY, MAY 25TH** for students requiring accommodation
- ALL registrants must pay in full BY **Monday JUNE 15TH**
- A 50% refund for cancellations will be granted if submitted to the GFD office **PRIOR TO FRIDAY JUNE 26, 2012.**

**PLEASE TURN OVER**



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Date: \_\_\_\_\_ Student name: (please print) \_\_\_\_\_

**VERY IMPORTANT:** If the student has a medical condition of which we need to be aware, such as Allergies, Daily Medications, Disabilities Etc., please indicate this in the space provided below:

\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ (the student) expressly assume the risk of participating in Garth Fagan Dance Summer Movement Institute activities, and on behalf of me and my heirs, executors and assigns, I release and agree to indemnify and hold harmless Garth Fagan Dance and its officers, agents, and staff from any and all claims, demands, causes of action, suits, losses, or damages resulting from or arising out of my participation in Garth Fagan Dance Summer Movement Institute activities, including without limitation all claims, demands, causes of action, suits, losses, or damages due to my injury or death during my participation in the activities. Garth Fagan Dance may use or reproduce any written material submitted by the students and, all photographs or videos taken of the Garth Fagan Dance Summer Movement Institute students, without mutual agreement or compensation. Images may be reproduced for publicity or advertising by Garth Fagan Dance or its agents.

Signature of Student (18 years or older): \_\_\_\_\_

Signature of Parent/Guardian

(if the student is younger than 18 years): \_\_\_\_\_

### PARENTAL AGREEMENT

I give consent for my child to take part in all Garth Fagan Dance Summer Movement Institute activities including field trips off of the Garth Fagan Dance property under proper supervision. I have provided the staff with any pertinent information regarding the health of my child including but not limited to allergies, previous or existing illnesses or conditions, long-term medications, disability or limiting conditions or emotional, developmental or behavioral challenges. I agree to notify Garth Fagan Dance School immediately of any change of address, telephone numbers, place of employment, emergency contact etc. I understand that by not providing the above information, I may put my child's health and safety at risk.

Signature of Parent \_\_\_\_\_