

2011-2012 REGISTRATION FORM FOR EMMA KLEINMAN

This form is valid for both of Emma's two class offerings:

Class Name	For Ages	Day Offered	Time Slot
Mini Musical Theater	6-8	Monday	3:30-4:20
Beginning Musical Theater/Let's get acting	9-16	Monday	4:30-5:30

Check for first month's tuition MADE PAYABLE AND MAILED TO:
 Emma Kleinman
 31 Cullen Way, Exeter NH 03833

Registration fee (\$10) + Recital fee (\$10) = \$20.00 TOTAL
 MADE PAYABLE AND MAILED WITH REGISTRATION FORM to
 Leddy Center School
 P.O. Box 929, Epping, NH 03042

CLASS REGISTERING FOR: _____ DAY/TIME: _____

NAME: _____ AGE: _____ DATE OF BIRTH(00/00/0000) _____

MAILING ADDRESS (STREET NAME, NUMBER/POBOX): _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

The following must be completed if student is under 18 years of age:

Mother/Guardian's Name: _____ Phone _____ Work or Home: _____
 Cell: _____

E-Mail Address: _____

Father/Guardian's Name: _____ Phone _____ Work or Home: _____
 Cell: _____

E-Mail Address: _____

In case of an emergency, contact:

NAME: _____ PHONE: _____

Medical Information: Do you/does the student have any medical conditions which could affect your/his/her participation in class?
 Please circle : Y / N If yes, what is the condition and what are the symptoms? _____

Do you/does the student take any medicines which could affect your/his/her participation in class? Please circle : Y / N If yes,
 what is the name of the medicine and what are the side effects? _____

Medical Insurance Information: Insurance Carrier: _____ Policy/Group #: _____

Release/Waiver and Payment Agreement:

Please print, sign and date this form. Registrations are not accepted without signature and date.

Parent/Guardian's Signature: _____ Date: _____

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I acknowledge that I have enrolled my child in a class, held at Ledy Center for the Performing Arts, Inc. and that I fully understand and appreciate that any activity which includes motion may cause accidental injury. I have consulted my physician and received assurances from my physician that the physical activity required of the program for which would be adversely affected by my/his/her participation in this program. I understand that I have/my child has the right to participate only to the extent I/he/she am/is comfortable, and I/he/she will limit my/his/her conduct accordingly.

I accept responsibility for any injury, physical or emotional, which might arise out of this activity and agree to hold Ledy Center for the Performing Arts, Inc., harmless for any damages and/or costs, and will reimburse any legal fees, which may be incurred should I make demand or institute suit and be unsuccessful in any such action. If I am unreachable, or I am/my child is unable to speak in the event of an injury, I grant permission for medical treatment to be given.

I understand and acknowledge that I am responsible for paying for all lessons whether I/my child attend/s the lesson or not. Furthermore, I fully understand when tuition payments are due, and will make payment on time or will be assessed a \$10.00 late fee per week that payment is late. I also understand that should I fail to make payment within one week of the due date, I/my child will not be allowed into class until payment has been made in full, including late fee. Should this happen more than once, I understand that Ledy Center retains the right to re-assess the situation and take additional steps to protect its teachers, who rely on tuition payments for their income. There are NO REFUNDS- NO EXCHANGES.

I agree to allow Ledy Center to use my likeness, whether in still or moving form, for publicity purposes including, but not limited to, newspaper, internet, posters and TV advertisements. I hold no contract with another agency or person which would prohibit such usage.

Please print, sign and date this form. Registrations are not accepted without signature and date.

Parent/Guardian's Signature: _____ Date: _____