



## NDI Center Classes

### Registration Form – Winter 2012

Student name: \_\_\_\_\_

CHECK	CLASS NAME	DAY/DATES	TIME	CLASS FEE
	<b>Arts Encounter for 2-3 Year Olds</b>	Wednesdays, Oct 5 – Dec 14	10-10:45 am	\$300
	<b>Arts Encounter for 4-6 Year Olds</b>	Tuesdays, Oct 4 – Dec 13	4-5 pm	\$300
	<b>NDI Dance Class for 7-8 Year Olds</b>	Tuesdays, Oct 4 – Dec 13	4-5 pm	\$200
	<b>NDI Dance Class for 9-12 Year Olds</b>	Tuesdays, Oct 4 – Dec 13	5-6 pm	\$200
	<b>Intro to Stunt Training and Stage Combat</b>	Tuesdays, Oct 4 – Dec 13	5-6 pm	\$200
	<b>NDI Dance Class for 9-12 Year Olds</b>	Thursdays, Oct 6 – Dec 15	4-5 pm	\$200
	<b>Musical Theater/Jazz Dance for Teens – Int/Adv</b>	Thursdays, Oct 6 – Dec 15	4-5 pm	\$200
	<b>Tap for 9-12 Year Olds</b>	Fridays, Oct 7 – Dec 16	4:30-5:30 pm	\$200

Subtotal \$ \_\_\_\_\_

I would like to add a tax deductible donation of \$ \_\_\_\_\_

**TOTAL AMOUNT \$ \_\_\_\_\_**

**PAYMENT METHOD** *(Check one)*

\_\_\_\_\_ Check *(Payable to National Dance Institute)*    Check # \_\_\_\_\_

\_\_\_\_\_ Cash *(In person only)*

\_\_\_\_\_ Credit Card    \_\_\_\_\_ Visa    \_\_\_\_\_ MasterCard    \_\_\_\_\_ American Express

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

\_\_\_\_\_ (required)

Cardholder Signature \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Return completed forms to:**

Samantha Belth  
National Dance Institute  
Center for Learning & the Arts  
217 W 147<sup>th</sup> Street  
New York, NY 10039  
or e-mail [sbelth@nationaldance.org](mailto:sbelth@nationaldance.org).



**Student Information Form and Waiver**

DATE \_\_\_\_\_

**STUDENT**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ STUDENT CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

**PARENT/GUARDIAN #1** - FULL NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_ WORK PHONE (\_\_\_\_\_) \_\_\_\_\_

CELL PHONE (\_\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_ Do you check this everyday? YES / NO

ADDRESS (if different from student's) \_\_\_\_\_

**PARENT/GUARDIAN #2** - FULL NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_ WORK PHONE (\_\_\_\_\_) \_\_\_\_\_

CELL PHONE (\_\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_ Do you check this everyday? YES / NO

ADDRESS (if different from student's) \_\_\_\_\_  
\_\_\_\_\_

**IF WE CANNOT REACH EITHER OF ABOVE IN CASE OF AN EMERGENCY WE CAN CALL:**

EMERGENCY CONTACT \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*name/relationship phone*

How did you hear about NDI? \_\_\_\_\_

\*\*\*\*\*

I, as the legal parent or guardian of the above student, authorize his/her enrollment in NDI Center Classes in the 2011-2012 school year. I further authorize the making and use of any films or other recordings of these activities for any purpose, profit or otherwise, that NDI may make or authorize to be made without compensation to my child or me. I understand that my child will be under the supervision of NDI staff and appointees. I understand that despite the responsible supervision that NDI will make in this connection, NDI cannot guarantee against the possibility of accident or illness involving my child. I hereby waive any claim that might be made against NDI, its officers, employees and agents in connection with any injury or illness my child may incur not involving gross negligence of NDI.

(STRIKE THE FOLLOWING SENTENCE IF YOU DO NOT AGREE TO THE AUTHORIZATION PROVIDED)

In the event that any serious injury should occur involving my child, I wish NDI to take all appropriate steps to notify me immediately of the event, but, if I am inaccessible for any reason, I authorize whatever medical attention is deemed appropriate for my child.

I affirm that I have the authority to sign this consent.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian