



DANCE REGISTRATION FORM

Fall Registration ends October 19. Winter Registration will begin in November.
 No refunds will be available after January 6 unless accompanied by a doctor's note.

Program Name	Program Code Number	Fee

Total Fees = \$ _____

Child's First Name: _____ Last Name: _____ Gender: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Grade Entering Fall '20: _____ Age: _____ DOB: _____

Parent's Name: _____ Parent's Name: _____

Parent's Work #: _____ Parent's Work #: _____

Parent's Cell #: _____ Parent's Cell #: _____

Primary Email: _____ Secondary Email: _____

Alternate Local Contact Person: _____ Phone #: _____

- Does your child need NWSRA inclusion assistance? Please describe: _____
- Does your child have any allergies or other medical information Park District staff or emergency personnel should be aware of, as well as any further information that you believe will be helpful to staff in understanding and caring for your child/ward: _____

- Will medication need to be given? __Yes __No. If yes, please complete Medication Dispensing Information Form at bgparks.org.

I have read and agree to the Waiver and Release of All Claims, Permission to Dispense Medication, Buffalo Grove Park District Behavior Policy, and information on this page, and can be also found at studio83.org. I understand that my signature and acknowledgement is required below in order to participate in Studio 83 Dance Academy Programs.

 Signature of Parent/Legal guardian Relationship to child Date

Credit Card Charge
 Visa/Amex/MasterCard/Discover#: _____ Amount: \$ _____ Expiration Date: _____

Due to internet security precautions, the payment form is only accepted via fax, mail or in-person.
 Credit card information is not accepted via email.

Dancer T-Shirt Size

Please Select One:

- Youth Small
- Youth Medium
- Youth Large
- Adult Small
- Adult Medium
- Adult Large
- Adult X - Large
- Adult XX - Large

Female Tights Size

Please Select One:

- Youth Small
- Youth Medium
- Youth Large
- Adult Small
- Adult Medium
- Adult Large
- Adult X - Large
- Adult XX - Large
- Adult classes do not need to provide this information

Payment Options

Please Select One:

- Payment in Full
- Check Deposit/Credit Card Auto Payments
- Check Deposit/Direct Debit Payments
- Credit Card Deposit/ Credit Card Auto Payments
- Credit Card Deposit/Direct Debit Payment

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in Buffalo Grove Park District programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of said programs. I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s), including transportation services, for which I have registered and I agree to assume the full risk of any such injuries, damages or loss, regardless of severity, which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s), including transportation services. I waive and relinquish all claims I or my child/ward may have against the Park District and its officers, agents, servants and employees as a result of participation in any of these program(s), including transportation services. I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of these program(s), including transportation services. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or by my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s), including transportation services. Photo Disclaimer: Registrants and participants of programs and special events permits the Park District to take photos and videos of themselves and their child/ward for publication in the program brochure, website and additional uses as the Park District deems necessary unless the registrant or participant expressly files with the Park District a written objection as to photos or videos of themselves and/or their child/ward.

PERMISSION TO DISPENSE MEDICATION

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Buffalo Grove Park District to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered. I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services. In consideration of the Buffalo Grove Park District administering medication to my minor child, I do hereby fully release or discharge the Buffalo Grove Park District, and its officers, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend the Buffalo Grove Park District, its officers, agents, volunteers and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child and arising out of, connected with, incidental to or in any way associated with the administering or failure to administer medication.

BUFFALO GROVE PARK DISTRICT BEHAVIOR POLICY

Part of the Mission of the Buffalo Grove Park District is to provide safe and wholesome programs, parks and facilities for our residents and guests. The Behavior Policy has been established to help fulfill this mission. We ask all staff, volunteers, participants and spectators to help us in our effort to provide the best possible environment to enjoy our recreation activities. The Behavior Policy is available for viewing at the Alcott Center or on our website at bgparks.org. Questions about this policy and the disciplinary procedure should be directed to the Director of Recreation and Facilities, or the Superintendent of Recreation at 847.850.2100.