

Student Information				
Child's Full Name (First Middle Last)		Please call my child by this name:		How did you hear about FAP?
Child's Date of Birth (MM/DD/YYYY):	<input type="checkbox"/> Female <input type="checkbox"/> Male	Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____		
Custody Arrangements _____				
Parent/Guardian 1 Information				
Name		Relationship		Spouse
Home Address		City		State Zip
Home Telephone	Cell Telephone	Work Telephone	Place of Employment	E-mail Address
Parent/Guardian 2 Information				
Name		Relationship		Spouse
Home Address		City		State Zip
Home Telephone	Cell Telephone	Work Telephone	Place of Employment	E-mail Address
EMERGENCY/TRANSPORTATION CONTACTS (OTHER THAN PARENTS) <i>The following are authorized to pick up my child or to be contacted to act on my behalf in an emergency. Parents/Guardians should not include themselves in this section.</i>				
Name	Relationship	Work/Day Telephone	Home Telephone	Cell Telephone
<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Transportation Release			
<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Transportation Release			
CHILD'S MEDICAL INFORMATION				
Physician Name & Phone			Dentist Name & Phone	
Health Insurance Information				
Carrier/Company: _____			Policy/Identification #: _____	
MEDICAL CONDITIONS: Does your child have any chronic/recurring illness, surgery or serious illness in the past year, or physical conditions/limitations that might inhibit his/her ability to participate in class activities? <input type="checkbox"/> YES <input type="checkbox"/> NO Please explain:				
Does your child take any MEDICATIONS ? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe the medication(s) type, dosage, and frequency:				
ALLERGIES/DIETARY CONSIDERATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes to allergies, please list them and describe treatment for each type of allergic reaction:				
DIRECTORY RELEASE:				
<input type="checkbox"/> Yes, please include my child's name, parents' names, address, phone number, and e-mail in your directory to be given to other Fine Arts Preschool students.				
<input type="checkbox"/> No, I prefer not to be listed in the Student Directory.				

Application is complete when the office is in receipt of completed application form, copy of child's birth certificate and the \$50.00 non-refundable application fee. Tuition for the preschool year, September through May, is \$2405.00. Following acceptance to the Fine Arts Preschool, registration is complete when the office is in receipt of registration forms plus a deposit of \$485.00 no later than July 1, 2009. Thereafter, eight equal installments of \$240.00 are due on the 1st of each month (September-April). Payments may be automatically charged to your credit card account upon arrangement with the office staff. After the 7th of each month, the installment is delinquent. A \$10 late fee plus \$10 every 7 day period thereafter will be applied to your balance until paid in full. Tuition paid in full for the entire school year by July 1, 2009 will receive a 5% discount (\$2,405.00 less 5% = \$2,284.75). Children who are enrolled will be committed to the preschool for the entire school year. After the probationary period, if a withdrawal becomes necessary, a 30-day period written notice is required from the parent(s). The last tuition installment (pre-paid at registration, based on \$2405.00) will be applied to the 30-day period less a \$20.00 processing fee.

I understand and agree to the tuition payment policy as outlined above.

Signature of Parent/Guardian _____ Date _____

Child's Name	Date of Birth (MM/DD/YYYY):
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This Agreement must be completed in order to participate in the activities associated with the Tanner Dance Program.

ASSUMPTION OF RISK, WAIVER OF LIABILITY & INDEMNIFICATION AGREEMENT:

I, the undersigned, for and in consideration of my child being permitted to attend any University of Utah Tanner Dance program:

- 1) Certify that I have read and will abide by the policies as stated in the registration brochure, and I hereby request that the University of Utah allow my child to register and fully participate. By requesting and authorizing such registration and participation in this class by a minor, I acknowledge and I am aware of the nature and content of the program and understand and assume the risks associated with his/her participation.
- 2) Do hereby give permission for my child to attend tours, performances, field trips, etc. organized by the organization, under the supervision of the faculty and staff.
(Parents are notified in advance of all trips).
- 3) Do hereby grant permission to use any photograph/videography of my child. I also grant permission to use quotes or artwork in publicity materials as appropriate.
- 4) **In case of serious emergency or illness, when the parents cannot be reached immediately, hereby authorize the provider to obtain emergency medical care.**

I, the undersigned, am the parent and/or legal guardian ("Guardian/Parent") of the minor Participant named above. I am familiar with the activities which take place in the Tanner Dance Program.

TERMS AND CONDITIONS

I authorize the Participant to participate in the Tanner Dance Program at the University of Utah (the "Program"). I understand that such participation can include foreseeable and unforeseeable risks and other hazardous activities inherent in the program which may expose the participant to illness, injury, or death. Guardian/parent allows participation in the program with the knowledge of the danger involved and hereby agrees to assume and accept any and all risk of injury or death.

WAIVER, RELEASE AND INDEMNIFICATION

Guardian/Parent of Participant understands and acknowledges that the University of Utah ("University") is not an insurer of Participant's behavior, actions or participation in the program, and that the University assumes no liability whatsoever for personal injuries or property damages to Participant or to third persons arising out of Participation in the Program activities. Participant or Guardian/Parent hereby agrees to release, waive, covenant not to sue, indemnify and hold harmless the University, and all of their officers, employees and agents (collectively the "Releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by Participant or loss or damage to any property belonging to Participant arising out of or related to participation in the above named Program, and excepting only such loss, damage or injury as may be caused by the sole negligence of any Releasee.

Guardian/Parent of Participant agrees that the site of any lawsuit arising out of or related to participation in the Program shall be Utah and that this Agreement will be governed by and construed in accordance with the laws of the state of Utah, without application of any principles of choice of law.

Participant does not have any medical conditions that would prevent participation in the Program.

Participant has adequate health insurance to cover the costs of treatment in the event of any injury.

Participant shall pay any attorney fees or costs incurred by the University in enforcing this Agreement.

If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

GUARDIAN/PARENT OF PARTICIPANT HAS CAREFULLY READ THESE TERMS AND FULLY UNDERSTANDS THEIR CONTENT AND IS AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN PARTICIPANT OR GUARDIAN/PARENT OF PARTICIPANT AND THE RELEASEES AND SIGNS IT OF HIS OR HER OWN FREE WILL.

I am signing this Agreement on behalf of a minor Participant. I acknowledge that I am the Guardian/Parent of the Participant and that I understand the terms of this Agreement. I also acknowledge that these terms shall bind my heirs and personal representatives and the heirs and personal representatives of Participant.

Parent/Guardian Name (Please Print)	Signature of Parent/Guardian	Date
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