

STUDIO 200

Mailing Address: 400 Duboce Ave., #315 San Francisco, CA 94117
415/845-9994 director@studio200.org

www.Studio200.org

REGISTRATION FORM SUMMER 2018

(Please check next to each workshop for which you are registering.)

- A Day with Master Teacher Lynn Simonson June 15 (10am-4pm, F)***
- Know-It-All Performance and Process Intensive with Mary Carbonara and Heidi Carlsen June 18-22 (9am-4pm, M-F)***
- Teachers Workshop with Mary Carbonara, Erik Wagner and James Graham August 1 and 2 (10am-4pm, Th & F)***
- Spiraldynamik® Introductory Workshop with Shonach Mirk Robles August 11 (9:30am-4:30pm, Sat.)***

Student Information: (Please print)

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Grade: _____ School: _____ Birthdate: _____

Emergency Contact & Phone Number: _____

Parent/Legal Guardian Information , for students under 18: (Please Print)

First Name: _____ Last Name: _____

Relationship to child: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact & Phone Number: _____

Authorized Pick Up List for Students Under the Age of 16

Studio 200 LLC will not release any student under the age of 16 from our program to anyone not listed below. Please make sure individuals are over 18 and have a photo ID when coming to pick up child(ren). The following individuals are authorized to pick up my child:

1.) First & Last Name: _____

Phone: _____ (h) _____ (c)

Relationship to child: _____

2.) First & Last Name: _____

Phone: _____ (h) _____ (c)

Relationship to child: _____

SUMMER 2018

STUDIO 200 POLICIES AND PROCEDURES SUMMER 2018

Please read and sign at the bottom as an acknowledgement that you have and understand the policies of Studio 200:

LOCATION:

Studio 200, 301 Eighth Street at Folsom, San Francisco, CA 94103 (Above California Carpet)
Just three blocks from Market Street, BART and MUNI. Accessible by MUNI Bus #12.
Click here for directions and pictures: <http://www.mjdc.org/lab.html>

CLASS TIME, DATES AND COST:

Please check the workshops for which you are registering.
Full payment and completed registration forms must be received prior to the first day. Space is limited.

- A Day with Master Teacher Lynn Simonson June 15 (10am-4pm, F)***
\$85 full day; \$25 morning technique only; \$70 body mechanics workshop only (CIRCLE ONE)
- Know-It-All Performance and Process Intensive with Mary Carbonara and Heidi Carlsen June 18-22 (9am-4pm, M-F)***
\$375 early bird registration. \$400 after April 1
- Teachers Workshop with Mary Carbonara, Erik Wagner and James Graham August 1 and 2 (10am-4pm, Th & F)***
\$150 early bird registration. \$175 after June 1
- Spiraldynamik® Introductory Workshop with Shonach Mirk Robles August 11 (9:30am-4:30pm, Sat.)***
\$175 early bird registration. \$200 after June 1

METHOD OF PAYMENT: Only cash, checks, money orders, and credit cards are accepted. Make checks payable to Studio 200. There is a \$35.00 fee for returned checks.

ABSCENCES: If a student is absent, tuition will not be refunded for missed classes.

STUDENT/PARENT PROTOCOL: Students and Parents are expected at all times to maintain a manner that is respectful to Studio 200, its staff, students, and its policies. Studio 200 reserves the right to dismiss or refuse business to anyone not adhering to this policy.

PICK UP: Children under the age of 16 must be picked up immediately following each class. There will be a late fee of \$5.00 per minute for pick ups after the scheduled end of class. There will be a late fee of \$10.00 per minute after 10 minutes after the hour. If your child has not been picked up 30 minutes past the end of class, we are required by law to contact Child Protective Services (CPS). **PLEASE NOTE: LATE FEES ARE IN EFFECT UNTIL THE STUDENT IS PICKED UP!**

I have received, read, acknowledge, and will abide by the preceding agreement.

Date

Parent Signature

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EMEGENCY MEDICAL AUTHORIZATION FORM

Student Medical Coverage

Student Name: _____

Insurance Company: _____

Insurance Telephone: _____

Insurance Policy #: _____ Expiration: _____

Policy Holder: _____

Primary Physician: _____ Phone: _____

Emergency Authorization

In case of emergency, I authorize Studio 200 to contact the physician, as noted in the student medical information above. I consent to appropriate medical and/or surgical procedures Studio 200 deems necessary for the above-named student. I accept full responsibility for all costs related to any such emergency medical care.

I agree that Studio 200 will not be liable for authorizing medical and/or surgical treatment for the above-named student and waive all claims connected with such medical and/or surgical treatment.

I have read, understood and agreed to the terms of this Authorization and Release.

Name or Parent/Guardian, if participant is under the age of 18 (Please print)

Signature Date

STUDIO 200 LLC/MOSES CARBONARA DANCE - LIABILITY WAIVER

I have voluntarily chosen to participate in the dance training offered by Studio 200 LLC/Moses Carbonara Dance and acknowledge that I am under no obligation to continue such dance training. I am aware that dance training and related activities carry certain risks that can result in injury, both minor and major. By my participation in dance classes or activities at Studio 200 LLC/Moses Carbonara Dance, I agree to take full responsibility for not exceeding my limits, for selecting the appropriate level class and for any injury I might suffer in a class at Studio 200 LLC/Moses Carbonara Dance. Furthermore, I am aware that Studio 200 instructors, or the Studio 200 LLC/Moses Carbonara Dance Co-Directors have the right to ask me to attend another level class if they believe I could cause harm to myself or to others participating in activities above my capabilities. I understand that instructors may provide physical adjustments during class. If I do not want such physical adjustments, I will inform the instructor at each class I attend.

In consideration of the opportunity afforded me to participate in the dance training offered at Studio 200 LLC/Moses Carbonara Dance, I, on behalf of myself and my heirs, guardians, personal representatives, or assigns, do hereby release, waive, discharge, and covenant not to sue Studio 200 LLC or Moses Carbonara Dance for any and all costs, losses, damages, liabilities or claims (including without limitation arising from the negligence of any injury, accidents, illnesses (including death) or property loss, which my accrue to me in connection with any activity by me whatsoever at Studio 200 LLC/Moses Carbonara Dance.

I further expressly agree that the foregoing liability waiver is intended to be as broad and inclusive as it is permitted by the law of State of California and that if any portion thereof is held invalid, it is agreed that the remainder of the agreement shall, notwithstanding, continue in full legal force and effect.

I grant Studio 200 LLC/Moses Carbonara Dance, its representatives and employees, the right to take photographs, film or video images of me and my property while in the halls, anterooms or studios in Studio 200 LLC/Moses Carbonara Dance, as well as during offsite performances or events. I authorize Studio 200 LLC/Moses Carbonara Dance, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Studio 200 LLC/Moses Carbonara Dance may use such photographs of me with or without my name and for any lawful purpose, including for example, such purposes as publicity, illustration, advertising and Web content.

I have read the foregoing liability waiver, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. This agreement is freely and voluntarily executed.

By signature below, I further understand and acknowledge: that Studio 200 LLC/Moses Carbonara Dance has the right to refuse services and classes to any individual at anytime; that all class discounts have an expiration date, after which time, the classes are no longer valid; that classes are non-transferrable; and that I have read and accept Studio 200 LLC/Moses Carbonara Dance's Rules of Conduct.

Print Name

Signature

Date

(FOR USE BY PARENT OR LEGAL GUARDIAN OF PARTICIPANT UNDER 18 YEARS OF AGE) I represent that I am a parent/legal guardian of the minor named above and I agree that the liability waiver and policies acknowledgement contained herein binds me and said minor to all of the terms thereof.

Parent or Legal Guardian (Print and Signature)

Date