

# Anishinabe Performance Circle: Registration Form

Print Name of Student: \_\_\_\_\_

Age: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:(\_\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_\_) \_\_\_\_\_

**In case of emergency call:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

List Dance Training: \_\_\_\_\_

Studied: (circle) ballet, pointe, jazz, tap, hip hop, other: \_\_\_\_\_

Where: \_\_\_\_\_ Number of years: \_\_\_\_\_

List any physical limitations: \_\_\_\_\_

Injuries: \_\_\_\_\_

How did you hear about us? (please check)

Website  Friend  Email  Flyer/Handout  Newspaper  Other: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Sr. Circle: I understand that I am responsible for transporting my child(ren). Pick-up by 5:30pm.**

**Jr. Circle: I understand that I am responsible to attend ALL sessions with my child(ren) that is/are under 6 years of age.**

**Cultural Experience:**

Dance: \_\_\_\_\_ Style: \_\_\_\_\_ How many Years: \_\_\_\_\_ Has Regalia: \_\_\_\_\_ Yes or No

Would like to learn to make regalia?

(Be specific) \_\_\_\_\_

Storytelling: \_\_\_\_\_ Drumming: \_\_\_\_\_ Singing: \_\_\_\_\_

I would like to learn more about: \_\_\_\_\_

Class space is limited. Therefore no refunds or credits can be given for missed or dropped classes.

Registration fee, deposits, or tuition will not be refunded. Person signing this form is responsible for payment.

Please enclose with registration form.

Tuition enclosed: \$ \_\_\_\_\_ Check # \_\_\_\_\_

May pay by credit card in the Ziibiwing Gift Shop:

Visa/MasterCard # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Registration Fee is \$30.00 per child for the 12-week session.

**Notice & Waiver:** The undersigned hereby waives any claim for injury or damages as a result of any personal injury, bodily injury, or property damage at the Ziibiwing Center or approved sites while participating in the Anishinabe Performance Circle classes, auditions, and/or presentations. The Ziibiwing Center, its staff members, and volunteers assume no responsibility for personal property that is lost, stolen, or missing while participating in any Anishinabe Performance Circle classes, auditions, or presentations.

X \_\_\_\_\_ X \_\_\_\_\_

Date Today

Parent or Guardian Signature

Do not write in this space  
 Fee: \$30.00  
 Reg. pd \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Credit Card approval # \_\_\_\_\_  
 Total paid: \_\_\_\_\_

## Photo/Video Release

I, \_\_\_\_\_, (legal parent or guardian of \_\_\_\_\_), do hereby give the Ziibiwing Center, its employees and all persons acting under their permission or authority the irrevocable right to use my child's name, picture, portrait, or photograph in all form and in all media and in all manners, without any restriction as to changes or alterations) including but not limited to composite or distorted representations or derivative works made in any medium) for advertising, publications, promotion, or other lawful purposes. I waive any rights to inspect or approve the photograph(s) or video(s) or finished version(s) incorporating the photograph(s) or video(s), including written copy that may be created and appear in connection therewith.

I hereby release and agree to hold harmless the Ziibiwing Center, its employees and all persons acting under their permission or authority from any liability by virtue of blurring, distortion, optical illusion, alteration, or use in composite form, whether intentional or otherwise, that may occur or be produced in taking of photographs, and videos, or in the processing.

I agree that the photographer own the copyright in these photographs and hereby waive any claims I may have based on usage of the photographs, videos, or work derived there from, including but not limited to claims of either invasion of privacy or libel. I am the guardian or parent of said child \_\_\_\_\_ and am of full age and competent to sign this release. I agree that this release shall be binding on legal representatives, my heirs, assigns, and me. I have read this release and am familiar with its contents.

I further agree that I will not receive payment for my participation in said photograph(s) and/or videotape(s) produced by the Ziibiwing Center and its agents. I understand that any and all revenue that may be generated by the distribution and subsequent sale of said photographs(s) and/or videotape(s) will specifically be used for the sole support of outreach, educational program, and performance expenses of the Ziibiwing Center, a non-profit tax-exempt organization.

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Parent/Guardian

Date