



Northern California Dance Conservatory, Inc. (NCDC) 2012/2013  
Release & Information Form

Dancers Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Fathers Name: \_\_\_\_\_

Dancers Cell: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home #: \_\_\_\_\_

Parents Email: \_\_\_\_\_ Dancers Email: \_\_\_\_\_

If my child is ill or has an emergency and I cannot be reached, please call & release my child to:

Name: \_\_\_\_\_ Phone #'s: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please list any know health problems or allergies your child may have: \_\_\_\_\_

-----  
Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ ID #: \_\_\_\_\_  
-----

**COMMUNICATION:** The primary source of communication from NCDC, Inc. to our families is done through email. Please check your email regularly and update your account should your email address change.

**LIABILITY RELEASE:** I am aware that dance training and athletic exercise associated with dance can place unusual stress on the body and may carry the risk of physical injury. On behalf of myself or my dependent, I assume the risk and agree that NCDC, Inc. shall not be held responsible and is not liable in any way for any injury or accident sustained to myself or my child during attendance in any class, rehearsal, performance, or any related function or event. I understand that good training involves physical manipulation and adjustment of the student's body by professional artistic staff. I also understand that my child may be chaperoned or supervised by volunteers.

**MEDICAL RELEASE:** I hereby give my permission to the management, faculty, and staff of NCDC, Inc. to authorize any emergency medical care that may be required during my child's participation in classes, performances, or any NCDC, Inc. related event. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

**PHOTO AND PUBLICITY RELEASE:** I hereby authorize NCDC, Inc. to record my child's picture and voice on photographs, films, or digital media and to edit these recordings at its discretion and to incorporate these recordings into movie and sound films on tapes, radio or television programs, and for publicity and fund raising purposes. I also agree that my child's photo may be posted on the NCDC, Inc. website. I acknowledge that no such promise of compensation was made by NCDC, Inc. I give NCDC, Inc. the absolute right and permission to use my child's photographs in promotional materials and publicity efforts. I release NCDC, Inc. their officers, employees, agents and designers for violation of any personal or proprietary right I may have in connection with such use.

**TUITION AND CREDIT CARD AUTHORIZATION:** NCDC, Inc. season is like a traditional school year; we run from September through June with summer camps and Intensives in July. The studio is generally closed during the month of August. Monthly fees are automatically deducted from your banking card or credit card on the 1<sup>st</sup> of each month. **NO CHECKS ARE ACCEPTED.** Tuition is charged monthly regardless of the number of weeks in the month. We do not charge more for the months with 5 weeks nor do we prorate for vacations or holidays.

**DROP POLICY:** If you wish to drop a class you must notify the office in writing by the 15<sup>th</sup> of the month prior to the month you wish to stop classes. (ex: you want to drop classes starting in May, you would need to notify the office by April 15<sup>th</sup>). You can do this by emailing us at [info@ncdc.com](mailto:info@ncdc.com), stopping at the front office and filling out a front desk slip or faxing a written note to 916-791-4518. This will stop tuition from automatically being taken out of your account.

**REFUNDS:** There are no refunds of tuition for classes you are scheduled to attend and are unable to attend. There are also no refunds on any fees related to registrations or fees related to shows or productions.

**MAKE-UP CLASSES:** There are no make-up classes for classes you are unable to attend.

I am the legal custodial parent or guardian of this child and have read this release and information form and agree to its contents:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_