



# Ambassadors International Ballet Folklorico

333 S. Jenson Dr. • Houston, TX 77003 • 713-923-5594

## 2017-2018 REGISTRATION FORM

Name of Dancer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ School District: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_ Parent #1 Email: \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_ Parent #2 Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Home

STUDENT CELL PHONE #

PARENT #1 CELL PHONE #

PARENT #2 CELL PHONE #

<b>Non-refundable Registration Fee:</b>	\$35.00 (per family/annually)
<b>Monthly Tuition:</b>	\$65.00 (\$35.00 for each additional dancer)
<b>Recital Fee:</b>	\$250.00 (per family, refundable)
<b>Group T-shirt:</b>	\$12.00 child \$14.00 adult \$16.00 extra sizes

Have you been or are you currently enrolled in another folklorico dance group? If so, please provide the name of the group and the years attended:

YES NO Name of Group: \_\_\_\_\_ Years Attended: \_\_\_\_\_

How did you find out about AIBF? \_\_\_ Facebook \_\_\_ Friend \_\_\_ An AIBF Family \_\_\_ Google/Internet \_\_\_ Flyer \_\_\_ AIBF Performance

### DATA FOR EMERGENCY MEDICAL/ OR HOSPITAL SERVICE

PARENT'S OR GUARDIAN'S SIGNED CONSENT:

I, \_\_\_\_\_, HEREBY GIVE MY CONSENT TO HAVE MY CHILD(REN) \_\_\_\_\_

PARENT/GUARDIAN/Adult Dancer

DANCER'S NAME

EXAMINED BY A DOCTOR FOR MEDICAL OR SURGICAL CARE, SHOULD AN EMERGENCY ARISE OR WHEN SUCH SERVICE IS INDICATED **AND WILL ACCEPT FULL RESPONSIBILITY FOR EXPENSES INCURRED.** IT IS UNDERSTOOD THAT A CONSCIENTIOUS EFFORT MUST BE MADE TO NOTIFY ME OR ALTERNATE CONTACT PERSON.

### ALTERNATE CONTACT INFO

(Person/relative to contact in case of an emergency and parents are unavailable.)

\_\_\_\_\_  
Name Relationship to Dancer Telephone/Cellular #

KNOWN ALLERGIES: \_\_\_\_\_

KNOWN MEDICAL CONDITIONS: \_\_\_\_\_

NAME OF MEDICATION(S): \_\_\_\_\_

FAMILY DOCTOR/ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_