

# Dencie Lee School of Performing Arts, LLC

15225 Interstate 10, Baytown, Tx 77523 281.385.4000 P.O. Box 664, Mont Belvieu, Tx 77580 281.802.7514 www.dlspa.net

Enrolled in: \_\_\_\_\_

## Registration Form

Student Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Parent(s) \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Student's Cell \_\_\_\_\_ Home

phone \_\_\_\_\_ Preferred Email \_\_\_\_\_ Add'l

Email \_\_\_\_\_

Mom's Numbers: \_\_\_\_\_ Cell \_\_\_\_\_ ofc \_\_\_\_\_

Dad's Numbers: \_\_\_\_\_ Cell \_\_\_\_\_ ofc \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Number \_\_\_\_\_

Individuals Authorized to Pick Up:

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

Any special conditions/health we should be aware of? \_\_\_\_\_

Is your child on any medication, if so, what? \_\_\_\_\_ Any allergies, if so what? \_\_\_\_\_

## Release Form

*Please initial and sign at bottom.*

\_\_\_\_\_ I, the undersigned authority, give my permission for \_\_\_\_\_ (student) to attend Dencie Lee School of Performing Arts, LLC for the Fall/Spring Semesters, Shows/Recitals, Summer Slam, August Rush, iRock Continuum, OnTrack Academics, iRock Playce, Workshops, Camps, Activities, Parties and/or Private Sessions, any activities, as well as any off property events. I agree to hold harmless Dencie Lee School of Performing Arts, LLC, Scott or Dencie Lee, and any agents, employees, instructors or representatives of said organization, from any liability or claims for any personal injury on or off property. Should emergency arise, I authorize any agent mentioned above to seek medical attention for above mentioned student. I understand every attempt will be made to notify the given emergency contact immediately.

\_\_\_\_\_ I understand commitment is through semester's end. Should I not be able to keep this commitment, I understand full semester tuition is still due.

\_\_\_\_\_ Upon signature, I understand dlspa is Auto-Pay (deduct), and a debit/credit card must be on file at all times and I give permissions to charge payments to card on file.

\_\_\_\_\_ Upon signature, this form authorizes Dencie Lee or any representatives thereof to take, sell, and use pictures or video of said individual at any said event and agree to participation through semester's end.

\_\_\_\_\_ Due to number of minor children involved, when your child's class is dismissed, they are released into your care. Authorized 'pick up' must be present to receive at dismissal. Our desire is to provide the safest environment for everyone

Signed, \_\_\_\_\_ Individual or Parent/Legal Guardian Date: \_\_\_\_\_