

# 2010 Youth Arts Program Registration Form

Students are enrolled on a first-come, first serve basis. Please complete one registration form per child, and mail it with your full payment. If you are applying for a scholarship you must also complete and enclose the scholarship form with the required signatures. **All applicants must include non-refundable \$10 registration fee per child. Receipt deadline is July 2.** Please mail your application to: **Bates Dance Festival-YAP, 163 Wood St., Lewiston ME 04240.** We will confirm your acceptance by postcard.

Student/s Name/s \_\_\_\_\_ Age (Aug 10) \_\_\_\_\_ M / F

Parent/Guardian Name \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Phone - Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Parent Email \_\_\_\_\_ School Name \_\_\_\_\_

## Payment

Application Fee Per Child (non-refundable, required of all applicants, fee must accompany this form) \$10

I am enclosing the program fee of \$600 per child (includes lunch & snacks) \_\_\_\_\_

We are applying for a YAP scholarship or family plan (10% discount for each additional child) and our scholarship application is attached.

My check is enclosed (payable to the Bates Dance Festival) Total \_\_\_\_\_

Please charge my:  Visa  Mastercard Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

## Medical Information

In order to best serve your child please tell us if she/he has any medical issues or special needs, or is currently on any medication. Please describe below or attach additional information if appropriate. All information is kept strictly confidential.

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## Liability Clause

I agree that I will not hold the Bates Dance Festival, Bates College, or any YAP instructors or staff liable for any injuries sustained, illnesses contracted, or loss of property incurred while my child is a participant in the Youth Arts Program.

A parent's signature is required to complete this registration form.

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