

PARENTAL CONSENT AND REGISTRATION FORM

Please complete this form and return to:

Jill Mack

Saint Joseph College, School of Education, 1678 Asylum Avenue, West Hartford, CT 06117

****No child will be permitted to participate without this written consent, signed by a parent/guardian****

I hereby authorize that my child, _____
Child's full name (print)

born on _____, and who resides at _____
mm/dd/yy address

may participate in the Saint Joseph College Arts Integration and Multiple Intelligences (AIMI) Project summer program for children ages 10 – 13. Rehearsals and performances will be held on the Saint Joseph College Campus. **I further authorize the making and use of any photography, films or other recordings of these activities for any purpose, profit or otherwise that NDI (National Dance Institute)/SJC may make or authorize to be made without compensation to me or to my child.**

I understand that my child may be dismissed permanently from the program if she/he does not follow the rules set by the NDI/SJC staff, if a disciplinary problem arises, or if the NDI/SJC staff determines that my child cannot meet the demands of the program. I understand that NDI/SJC does not guarantee against the possibility of accidents or illness involving my child. I hereby waive any claim that might be made against NDI/SJC, its officers, employees and agents in connection with any injury or illness my child may incur not involving gross negligence of NDI/SJC.

STRIKE THE FOLLOWING SENTENCE IF YOU DO NOT AGREE TO THE AUTHORIZATION PROVIDED:

In the event that any serious injury or illness should occur involving my child, I wish NDI/SJC to take all appropriate steps to notify me immediately of the event, but if I am inaccessible for any reason, I authorize whatever medical attention is deemed appropriate by the attending physician for my child.

I affirm that I have the authority to sign this consent.

Signature of parent or guardian Date

Print name of parent or guardian

Send check or money order payable to Saint Joseph College/AIMI Project with this form.

_____ \$500 full amount or _____ \$250 deposit (remaining amount due June 20, 2012)

If you would like to help sponsor the AIMI Project, please indicate sponsorship level below. Please make checks payable to Saint Joseph College.

- _____ **Platinum Sponsor \$500**
- _____ **Gold Sponsor \$250**
- _____ **Silver Sponsor \$100**
- _____ **Bronze Sponsor \$50**
- _____ **Other Amount _____ (please indicate amount)**

If you plan to send the sponsorship check at a later date, please indicate the approximate date: _____

We truly appreciate any donation amount.

We would like to personally thank you in the printed program distributed on the evening of the show.

Please indicate how you would like your name to appear: _____.

If you would prefer that your donation remain anonymous, please write "anonymous" in the above line.

Thank you!