



**Registration Form**  
**Monday January 6<sup>th</sup>, 2014**  
**Eurhythmics & Art Integrative Workshop**  
**1:00-3:00pm • Ages 4-10**  
**Dana V. Music • 901 Front St • Louisville, CO**

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY

Name: \_\_\_\_\_  
First Last

Sex: (circle one) M F

Age: \_\_\_\_\_ (As of 10/19/13) School Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
First Last

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt #  
 \_\_\_\_\_  
City State Zip Code

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

How did you hear about us? (circle one) School Internet Dana V. Music Other \_\_\_\_\_  
(Please Specify)  
 Ad The Art Underground Friend \_\_\_\_\_  
(Please Specify)

**Course Information**

**Cost**

**Pay**

Course Information	Cost	Pay
<b>October Integrative Workshop</b> Saturday, October 19 <sup>th</sup> , 2013 10:00-12:00 Single Child	\$24	\$
Sibling Discount (2 children)	\$42	\$
	<b>TOTAL:</b>	\$

**Make Checks Payable to EMMA SHUBIN**

**Liability Release- Please Read Carefully:**

www.emmashubin.com • 1032 Main Street • Louisville, CO • emma.shubin@gmail.com • (585) 704-5751

I agree to indemnify and hold harmless *Integral Steps* its officers, employees, agents, consultants, subcontractors, insurers and representatives (collectively Emma Shubin Music), for any loss, damage, or injury to myself or my property in any way related to my participation in Emma Shubin Music's programs. This release of Liability applies to me as well as any of my children, personal representatives, assigns, heirs, and next of kin. I authorize *Ride the Art, Music, & Science Express!* in a medical emergency to seek emergency medical assistance at my expense.

\_\_\_\_\_  
**Signature of Participant (parent or guardian)**

\_\_\_\_\_  
**Date**

I give permission to *Ride the Art, Music, & Science Express!* to use any photographs, videotape, or other media record of my participation in *Ride the Art, Music, & Science Express!* for any lawful purpose, without compensation.

\_\_\_\_\_  
**Signature of Participant (parent or guardian)**

\_\_\_\_\_  
**Date**

\*Information provided here is for *Ride the Integral Steps* use only. We do not share information with outside sources.



**Please email the completed registration form to Emma:**

Emma.shubin@gmail.com

**Payment forms:**

- Cash
- Check (made out to Emma Shubin)
- Paypal (emma.shubin@gmail.com)

- Select Scholarships are available. Please write a statement outlining your need, benefit you feel this course will bring to your child, and submit this with your registration form.

**OFFICE USE ONLY:**

Payment Type: _____	Amount: _____
Intake Initials: _____	Date: _____
Database Initials: _____	Date: _____