Folklorico Workshop Registration

**Registration Fee $25.00 per student**

Workshops will be held at Isaac Middle School 3402 W McDowell Rd, Phoenix, AZ 85009. Saturday, Feb 11th and Sunday Feb 12th from 9am-6pm with a lunch break from 12-1:30pm. This is an advanced level workshop.

Guest instructor is Erasto Ortiz Oloarte from Xalapa, Veracruz.

Parents/ Chaperones are not allowed in workshops, only participants and one director allowed per group.

Participants who participate will have the opportunity to form part of the cast for the 18h Annual C.A.L.L.E. de Arizona Mariachi and Folklorico Concert, held on Saturday, Sept 30th at the Chandler Center for the Arts.

**Entry Form** Group Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| Participant Name | Phone / email | Years of dance exp. | Age | Paid  Y / N |
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**C.A.L.L.E. de Arizona / C3HR Release Form**

**Please complete one per student**

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| Participant Name | | |  | Date of Birth Age | | | | |  | |
| Parent (Mother)/Guardian Name | | |  | Parent/ (Father)/Guardian Name | | | | | | |
|  |  |  |  |  | | |  |  | | |
| Home Phone |  | Cell Phone |  | Home Phone | | |  | Cell Phone | | |
|  | | |  |  | | | | | | |
| Address | | |  | Address | | | | | | |
|  | | |  |  | | | | | | |
| City, ST ZIP Code | | |  | City, ST ZIP Code | | | | | | |
| Email (REQUIRED) | | |  | Email (REQUIRED) | | | | | | |
| **Emergency Contacts** | | | | | | | | | | |
|  | | |  |  | | | | | | |
| Primary Emergency Contact | | |  | Secondary Emergency Contact | | | | | | |
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| Home Phone |  | Cell Phone |  | Home Phone | | |  | Cell Phone | | |
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| Relationship to student | | |  | Relationship to student | | | | | | |
|  | | |  |  | | | | | | |
| **Hold Harmless Agreement / Release Waiver**  The undersigned parent indemnifies and agrees to holds C3HR, C.A.L.L.E. de Arizona, its Board of Directors, officers, instructors, agents, and assigns from any and all liability whatsoever, for any damage or injuries, and from any and all claims and demands, including attorney fees, arising out of the party’s participation in lessons, classes, workshops, performances, fundraisers and other related activities provided by and/or at the facility or off site of C3HR, C.A.L.L.E. de Arizona.  The undersigned parent understands that students may occasionally appear in promotional performance videos, photos, brochures, and other materials as a result of his/her association with C3HR, C.A.L.L.E. de Arizona. By registering a child/student for class, such use of the child/student’s name and likeness are agreed to and acknowledged and, accordingly, all right, title and interest in same are waived. | | | | | | | | | | |
| In signing this release, I acknowledge and represent that I/we have read the foregoing Hold Harmless Agreement, I agree with the entire package which contains all rules and requirements, and sign it voluntarily. I give permission for my child/children to participate with C3HR, C.A.L.L.E. de Arizona. | | | | | | | | | | |
|  | | | | |  |  | | | | |
| Parent’s/Guardian’s Signature | | | | |  | Date | | | | |

**Participant Release Forms**

Each participant must fill out release forms prior to conference. Additional copies of this page can be printed.

**Photo, Film, Publicity Release**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give C.A.L.L.E. de Arizona, its nominee, assigns and media representatives, unlimited permission to use,publish, and republish information about me and reproductions of my likeness(photographic or otherwise)and or/voice, related to my affiliation with C.AL.L.E. de Arizona with or without my name, for any lawful purposes related to the promotion, gift/grant stewardship, or advocacy purposes of the agency/organization.

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Participant, Parent or Guardian Signature Date

**Medical Release Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that C.A.L.L.E. de Arizona does not provide insurance coverage for medical myself or my child may need because of my or his/her participation in all the events of the 16th Annual Mariachi & Folklorico Festival & Workshops. I further understand that there are certain risks and hazards that may arise in the course of the activity, including accidents or illnesses. I hereby assume the inherent risks and hazards of this activity. Acknowledgment of Risk Factors for Participant: I acknowledge that the Laws of the State of Arizona would govern any claims for damages against C.A.L.L.E. de Arizona and the 16th Annual Mariachi & Folklorico Festival & Workshops.

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Participant, Parent or Guardian Signature Date

Participant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please Print Clearly) (Please Print Clearly)*

For Official Use only:

Payment Recvd: \_\_\_\_\_\_\_\_ Method of Payment: \_\_\_\_\_\_\_\_ Amount:\_\_\_\_\_\_\_