

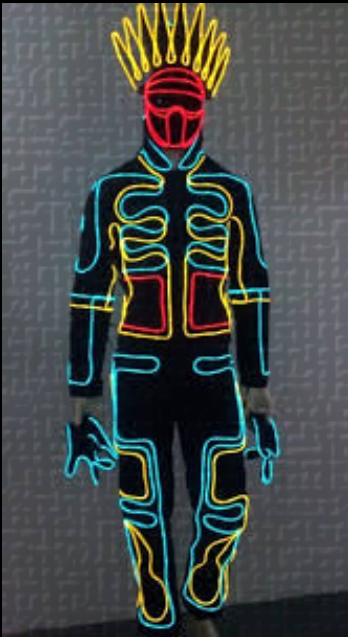
iTRONDANCE + CODING WORKSHOP

AUGUST 5-9, 2019

RAINBOW
DANCE
THEATER

IN PARTNERSHIP
WITH

SALEM-
KEIZER
EDUCATION
FOUNDATION



TECHNOLOGY

LIGHT

PERFORMANCE

WHAT:

\$125

FOR ENTERING GRADES 4-8

5 day workshop

**Learn to make your own
TronDance costume**

**Learn code to make
the costume lights dance
to a hip hop beat**

WHEN:

August 5-9

9.00am-12.00pm

***with snack
break**

WHERE:

**Downtown
Salem**

**SKEF
223 Commercial
St. Salem, OR
97301**

Mail completed form and payment to: Salem-Keizer Education Foundation, 223 Commercial St., Salem, OR 97301.
Register online at: www.skeducationfoundation.org or call Megan in the Registrar Office at 503-364-2933

STUDENT REGISTRATION

STUDENT NAME _____

GRADE (AS OF 9/2018) _____ GENDER _____ AGE _____

SCHOOL _____

PRIMARY GUARDIAN(S) NAME(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ EMAIL _____

Is the student subject to:

- asthma diabetes hay fever

Is the student allergic to insects, plants, animals, food, drugs, etc.?
(If yes, please list all allergens.)

Any dietary restrictions?

Any health or behavioral issues that could impact the student?

IN CASE OF EMERGENCY

NAME _____ RELATIONSHIP _____ PHONE _____

AUTHORIZATION AGREEMENT

I personally assume all risks associated with my child's participation in the program/event presented by Salem-Keizer Education Foundation, including but not limited to: use of facilities; use of streets; and all hazards from participation in the program/event. I hereby release for myself, my child(children) and his/her heirs, executors and administrators; SKEF; all sponsors and co-sponsors of the program/event; their officers, agents and volunteers, from any and all claims, demands, action or causes of action incident to my child's participation in the program/event. I grant permission to all of the foregoing to use any photographs, motion pictures, video recordings, or any other record of this program/event for any purpose. I authorize the Salem Keizer Education Foundation and its representatives to secure the services of a physician or hospital, and to incur expenses for necessary services in the event of accident or illness, and I will program payments for these. Every reasonable effort will be made to reach the parent(s) as soon as possible. The program is designed for the enjoyment and benefit for ALL students. Should disciplinary problems occur, parent/guardian will be contacted to pick up the student. My signature indicates that I have read and understand the instructions and information on this form.

Parent/Guardian (print) _____
Signature _____ Date _____

PAYMENT **\$125**

- Check enclosed (payable to Salem-Keizer Education Foundation)
 Credit card (circle one): Visa | Mastercard

Name on Card _____
Card # _____ Exp. Date _____ Billing Zip Code _____
Signature _____ Date _____

PROGRAM CANCELLATION AND REFUND POLICY

The purpose of our refund policy is to allow SKEF to offer quality programs and proper class ratios while maintaining flexibility for you. SKEF reserves the right to cancel or combine classes/programs because of insufficient enrollment or conditions beyond our control. If we combine classes and the rescheduling prevents you from participating; and/or cancel a program you will be given a full credit towards another class/program or a full refund. In order to keep our fees as low as possible, we will not be able to issue refunds for missed classes or activities, even if they occur as a result of inclement weather. If a participant needs to withdraw from an activity for any reason, SKEF must be notified in writing at least 7 days before the activity begins and a full credit or refund, less a non-refundable \$25 registration fee, will be issued within 2-4 weeks of the cancellation. All refunds must be requested in writing via email at: info@skeducationfoundation.org. *We reserve the right to cancel classes in the case of low enrollment.*