



## Application for Ballet Folklorico Centro Cultural Hispano de San Marcos

211 Lee Street San Marcos, Texas  
512-878-0640 centro @ sanmarcoscentro.org  
www.sanmarcoscentro.org

### Program Application - Spring 2012

\_\_\_\_\_ Beginner's Class    \_\_\_\_\_ Secondary Class    \_\_\_\_\_ Adults

Folklorico Program for     Child     Adult    Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Shoe Size \_\_\_\_\_

\_\_\_\_\_  Male     Female  
First Name                      Middle Initial                      Last name

Family Information \_\_\_\_\_  Mother     Father (Complete for Child registration only)

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

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

Email Address \_\_\_\_\_

Phone Hm \_\_\_\_\_ Wk \_\_\_\_\_ Cell \_\_\_\_\_

#### Participant/Parent Commitment:

If you or your child is selected to receive folklorico dance lessons provided at NO COST to the individual or family, the individual or family must commit for the full session to attend and to bring the child for each scheduled lesson. The participant will be removed from the class after the third (3<sup>rd</sup>) absence. Centro Cultural Hispano de San Marcos will request performances by participants for Centro and community events as a part of the program.

Can you commit to transport yourself or child to and from the center?    Yes    No    \_\_\_\_\_ (initial)

Can you commit to the full session of lessons?    Yes    No    \_\_\_\_\_ (initial)

Can you commit to concert performances?    Yes    No    \_\_\_\_\_ (initial)

**Permission for Media Release:**    \_\_\_\_\_ YES, I give permission    or    \_\_\_\_\_ NO, I do not give permission

For our names, pictures, videotapes, or other images to be released to newspaper, television, or to other media such as the Centro web page, newsletters, or pamphlets for the purpose of participant/program or Centro recognition or promotion.

#### Medical Information & Release:

I give authorization to obtain emergency medical care and to transport if necessary registered participant for emergency medical treatment. I give permission to contact the following in case of medical emergency:

Doctor's Name	Address	Telephone Number	Emergency Care Facility

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to Centro Cultural Hispano de San Marcos, 211 Lee Street or by mail to P.O. Box 1553, San Marcos, TX 78667

Centro Office Use: Application Received by: _____	Date: _____
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