

DANCE4LIFE presents SUMMER EXPLOSION 2016

REGISTRATION FORM (PRINT CLEARLY)

Registration date\_\_\_\_\_

Students Name\_\_\_\_\_ Age\_\_\_\_\_ D.O.B\_\_\_\_\_

Parents Name\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Daytime Phone(\_\_\_\_\_)\_\_\_\_\_ Evening Phone(\_\_\_\_\_)\_\_\_\_\_

Cell Phone\_\_\_\_\_ Email\_\_\_\_\_

Emergency Contact\_\_\_\_\_ Phone(\_\_\_\_\_)\_\_\_\_\_

Any health, medical, or physical conditions? If yes, please explain

Have you had previous dance training? If yes, Studio, form of dance and years

WAIVER RELEASE FOR DANCE4LIFE

DANCE4LIFE School Of The Arts And Training Institute recognizes our obligation to make sure our students and their parents are aware of the risk and hazards involved in the sport of dance. Please read and sign release below. By signing this waiver, I release DANCE4LIFE School Of The Arts And Training Institute from all claims on account of any injury which may be sustained by the student while attending dance class, events associated with DANCE4LIFE School Of The Arts And Training Institute, or outside performances. I hereby expressly, assume any and all risk which are incumbent with the realization that these activities might subject participant to bodily injury or property damage risk. DANCE4LIFE School Of The Arts And Training Institute has my permission to take photos, videos and or films of my child and I consent to the use of materials for promotional purposes by DANCE4LIFE School Of The Arts And Training Institute. I understand that I am responsible and agree to pay all cost related to participation in this program. If full payment is not received I understand that my child will not be permitted to participate the program until the account is at a zero balance. This includes supervision fees associated with picking up my child late. I am clear that 'CLIENT' refers to the student and the parent/guardian. Therefore I am also held to the standards and agree to uphold the policies and studio etiquette of DANCE4LIFE School Of The Arts And Training Institute.

I HAVE READ AND UNDERSTAND THE PROCEDURES OF DANCE4LIFE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

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Registration\_\_\_\_\_ Tuition\_\_\_\_\_ Total\_\_\_\_\_ Payment\_\_\_\_\_ Balance\_\_\_\_\_