



REGISTRATION & RELEASE 2019-2020

STUDENT INFORMATION

STUDENT FIRST NAME: _____ STUDENT LAST NAME: _____
DATE OF BIRTH: MM / DD / YYYY PHONE NUMBER: _____ (optional)
ADDRESS: (Street) _____ (Unit #) _____
(City) _____ (Postal Code) _____ EMAIL ADDRESS: _____ (optional)

PARENT INFORMATION

PARENT FIRST NAME: _____ PARENT LAST NAME: _____
EMAIL ADDRESS: _____ PHONE NUMBER: _____
OCCUPATION: _____ WORK #: _____
PARENT FIRST NAME: _____ PARENT LAST NAME: _____
EMAIL ADDRESS: _____ PHONE NUMBER: _____
OCCUPATION: _____ WORK #: _____
EMERGENCY CONTACT: (other than parents) _____
CONTACT #: _____ RELATIONSHIP: _____

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS, ALLERGIES, MEDICATIONS OR OTHER SPECIAL NEEDS?

PREVIOUS STUDIO(S): _____ NUMBER OF YEARS OF DANCE: _____

HOW DID YOU HEAR ABOUT US?

DOOR HANGER SOCIAL MEDIA FLYER FAMILY/FRIEND INTERNET SEARCH NEWSPAPER SIGN WEBSITE

NAME OF FAMILY / FRIEND: _____

RELEASES:

I, the undersigned, have received, read and agree to EMOTION DANCE COMPANY ['Policies'](#) for 2019 – 2020.

I, the undersigned, do hereby release EMOTION DANCE COMPANY, all program staff and/or any persons involved with the direction and organization of EMOTION DANCE COMPANY from all claims for damages arising from accidents or injuries which are caused by or arise from participation by myself/child, named on this form, in any facility or at any location where EMOTION DANCE COMPANY is being held. In the event of an accident, injury or illness involving myself/child while attending EMOTION DANCE COMPANY, I hereby authorize the administration of any medical procedure deemed necessary by a physician selected by the program staff. I give permission for myself/child to be transported to the hospital, with no liability on the driver's part. An ambulance may be called to transport myself/child to the hospital if required.

I, the undersigned, do hereby consent and agree that EMOTION DANCE COMPANY, its employees, or agents have the right to take photographs, videotape or digital recordings of myself/child in his or her dance class and all dance productions and to use these in any and all media, now or hereafter known, and exclusively for the purpose of advertising and promotion. I understand that my/child's name and identity will not be revealed therein or by descriptive text or commentary. I do hereby release to EMOTION DANCE COMPANY its agents and employees all rights to exhibit this work in print and electronic form publicly or privately and to produce copies. I waive any rights, claims or interest I may have to control the use of their likeness in whatever media used. I understand that there will be no financial or other remuneration for recording them, either for initial or subsequent transmission or playback. I also understand that EMOTION DANCE COMPANY is not responsible for any expense or liability incurred as a result of their participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

PARENT / GUARDIAN: _____ DATE: _____