

Parent/Guardian:____

Dance Expressions 2020-2021 Registration

| Registration Fee | | | | |
|----------------------|--|--|--|--|
| Check or Money Order | | | | |
| \$35 | | | | |
| # | | | | |
| Date | | | | |

Zip:____

DANCER'S LAST NAME

Address: City:

Parent(s)/Guardian Name:_____

| Parent(s)/Guardian Name: | | | |
|--|---|------------------------|-------------------|
| Address: | City: | | Zip: |
| Home Phone: | Cell Phone | | |
| E-mail: | | | |
| How did | d you hear about Dance | Expressio | ns? |
| | | | , , . |
| WORD of MOUTH CAR DECAL | WEBSITE FACEBOOK/IN | NST <i>AG</i> RAM | FRIEND /FAMIL |
| tion \$50 /mo. 1 st class \$45 /m | io. 1 st class/sibling discount | : \$45 /mo. all | l additional Clas |
| ny allergies or mild medical condit | | | |
| ne # and condition: | | | |
| 1 Name: | Aaa. | Distribution | , , |
| i Name | Age | Birth Date: | |
| | • | | |
| s: | Day/Time: | | |
| s: | Day/Time: Day/Time: | | |
| s:s: | Day/Time: Day/Time: Day/Time: | | |
| s:s:s:s: | Day/Time: | _ Birth Date:_ | |
| Name: | Day/Time: Day/Time: Day/Time: Age: Day/Time: | _ Birth Date:_ | |
| s:s: | Day/Time: | _ Birth Date:_ | |
| s: | | _ Birth Date:_ | |

_ Date:__

DANCE EXPRESSIONS RELEASE for 6-1-20 through 6-30-21

| I | (parent or guardian) understand that |
|---|--|
| due to the recent outbreak of Coronavirus/COVID 19, to dance classes, dance related outings, activities, recital safety 'Best Practices' put into place by Dance Express protocols, at their studios located at 1550 Reynolds Ro Dr., Holland, OH. I also understand there is a risk of plany related performance, and that personal injury coulactivities. I represent that the student/s which I am regarded is/are physically able to parameter is/are physically able to parameter is at Dance Expressions Studio, at either cassociated with Dance Expressions Studio, or while parameter is a studio in the students in | Is and competitions, even with the new sions, which include disinfecting d., Maumee, OH and 7343 International hysical injury during dance classes or d result during the participation of such istering: Articipate in such activities as those at associated with my child's participation of their facilities used for activities articipating in any community event. |
| sickness, injury to body, damage to property, or other lin activities offered by Dance Expressions Studio, incluprivate lessons, rehearsals, and performances on or or | loss arising from my child's participation uding but not limited to dance instruction |
| Social Distancing will be observed throughout our Students/dancers, is optional during physical participle acknowledged/approved by parent/guardians. | |
| My dancer/s:, | |
| WILL wear Masks Will NOT We | ear Masks |
| During our studio rehearsals, recitals, and community/dance year, we take photographs and video of our class will be used for advertisement & promotional items. By be photographed and videotaped and that their images following: Facebook, Instagram, newspaper articles, E at our facility or an event being produced by our companot at any time, present or future, be compensated for understand that this is a photography/video release Dathe child listed on this statement form. | sses, dancers, & performances. These is signing you agree that your child can so can be used, but not limited to, the DVD's of performances, signs, displays any. etc. You also agree that you will the use of these images. You also ance Expressions Studio of images for |
| By signing, I agree that I have read this statement of rehereby agree to its contents and terms for the period N | |
| Signature of Parent or Legal Guardian | Date |