



## Studio, Outdoor & Virtual Class Registration Form

Venmo, Zelle or PayPal [info@danceworks.us](mailto:info@danceworks.us)

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Authorized Pick Up Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Number: \_\_\_\_\_

Class 1 Day \_\_\_\_\_ Time \_\_\_\_\_ Description \_\_\_\_\_

Class 2 Day \_\_\_\_\_ Time \_\_\_\_\_ Description \_\_\_\_\_

Class 3 Day \_\_\_\_\_ Time \_\_\_\_\_ Description \_\_\_\_\_

Did someone refer you? \_\_\_\_\_ If yes, please provide name so we may thank them: \_\_\_\_\_

\*\*\*\*Please list any health-related problems, allergies, medications or any other special considerations on this form \*\*\*\*

**Policies:** Non-refundable payment must be made in full with completed, signed and dated registration form in order to secure class day and time. Must provide 24-hour notice of any cancellations or changes. If student is injured, she/he should come to class to observe/learn. If student misses class due to fever/illness, he/she may take a make-up class at another time, location or via zoom. Schedule is subject to change based on enrollment and may change due to weather or other emergencies and may cause the need to have class via zoom.

**Waiver of Liability:** I understand that injuries are inherent with any physical activity. In the event that an injury occurs to me, my child or to a family member, I agree not to hold Dance Works, Director, class instructor(s) or Rec departments liable for any and all claims for bodily injury and property loss or damage arising from participation in any Dance Works classes and activities. Dance Works or the class instructor(s) will not be held responsible for any health problems or for any accident resulting from failure to inform Director and instructor(s) of any conditions affecting student's health, either on this application or during class. Dance Works, instructor(s) and Rec departments will not be liable for any unintentional exposure to Covid-19.

**Authorization of Treatment:** I consent to the participation of me and/or my child in Dance Works classes and certify to the best of my knowledge, I and/or my child is physically capable of participating in classes and will not pose any risk to his/her health and safety, or the safety of others. In the event all reasonable efforts are made to contact me, and my child's emergency contact is unavailable, I give consent to arrange for or to administer any medical treatment deemed necessary for my child by a licensed physician, and the transfer of my child to any medical facility reasonably accessible.

**Photo/Video Release:** I hereby consent to and authorize the use and reproduction of my or my child's image in print, video or electronic format taken in class or during virtual classes, performances and photo shoots without compensation. All images and videos are owned by Dance Works.

**Safe Studio Policies:** All students and families must adhere to policies communicated via our website at [www.danceworks.us](http://www.danceworks.us)

I have read, understood and hereby consent to the Policies, Waiver of Liability, Authorization of Treatment and Photo/Video Release above.

Signature (parent/legal guardian for children): \_\_\_\_\_ Date: \_\_\_\_\_