

Classes held virtually until further notice - Invite a long-distance friend!



Spring 2020 8-Week Workshop Registration Form

\$180

(A 10% family discount will be applied for multiple classes)

Check Payable to Dance Works OR Venmo @Wendy-WoodBarletta OR Zelle@danceworks2000@aol.com

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 Contact Name: _____ Cell Phone: _____ Relationship: _____

Emergency Contact Name: _____ Cell Phone: _____ Relationship: _____

Physician's Name: _____ Physician's Number: _____

Class #1 Day _____ Time _____ Description _____

Class #2 Day _____ Time _____ Description _____

Class #2 Day _____ Time _____ Description _____

Were you referred by an existing student? If yes, please provide name: _____

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

Policies: 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. Schedules may change due to weather, other emergencies or participation. Non-refundable payment must be made in full at registration and form completed, signed and dated.

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, the class instructor or the Recreation Department's liable for any and all claims for bodily injury and property damage arising from participation in any Dance Works classes and activities. Dance Works, the class instructor or the Recreation Department'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.

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 online 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 unsuccessful, I give consent 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 child's image in print, video or electronic format taken in class or during the intensive classes, performances and photo shoots without compensation. All images and videos are owned by Dance Works.

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:** _____