



## Dance/Tumbling registration form

Please fill out a separate form for each participating student within your household. Participation is not allowed without signed registration and consent. Registration fee and August tuition are due at sign-up.

STUDENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WOULD YOU LIKE TO BE ON OUR EMAIL LIST? \_\_\_\_\_ TEXT LIST? \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

CLASS 1: \_\_\_\_\_ DAY/TIME: \_\_\_\_\_

CLASS 2: \_\_\_\_\_ DAY/TIME: \_\_\_\_\_

CLASS 3: \_\_\_\_\_ DAY/TIME: \_\_\_\_\_

CLASS 4: \_\_\_\_\_ DAY/TIME: \_\_\_\_\_

CLASS 5: \_\_\_\_\_ DAY/TIME: \_\_\_\_\_

CLASS 6: \_\_\_\_\_ DAY/TIME: \_\_\_\_\_

AMOUNT DUE: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_ EMP. INITIALS \_\_\_\_\_

WAIVER: PARTICIPANT IN ANY AND ALL OF CREATIONS DANCE STUDIO'S ACTIVITIES ARE NOT COVERED BY MEDICAL OR ACCIDENTAL INSURANCE. EACH PARTICIPANT MUST FURNISH HIS OR HER OWN PERSONAL COVERAGE. DANCE AND TUMBLING ACTIVITIES HAVE INHERENT ELEMENTS OF DANGER. PARTICIPANT OR PARENT PERMISSION IS NEEDED IN ORDER TO CALL AN AMBULANCE IN AN EMERGENCY SITUATION. AS A PARTICIPANT, OR PARENT/GUARDIAN OF A MINOR PARTICIPANT, I HEREBY TO SAVE HARMLESS AND INDEMNIFY CREATIONS DANCE STUDIO, IT'S TRUSTEES AND EMPLOYEES FROM ANY RESPONSIBILITY FOR ANY ACCIDENT, INJURY, OR DAMAGE THAT MAY OCCUR AS A RESULT OF THE PARTICIPANTS ACTS OR OMISSIONS. IN CASE OF ACCIDENT OR SICKNESS, I CONSENT TO EMERGENCY MEDICAL CARE BY AMBULANCE OR HOSPITAL PERSONNEL.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_