

2025/2026 Student Registration

Students full name:_____

Students birthdate and age:_____

Dance Experience:_____

Allergies or medical information:_____

Parent/Guardian name:_____

Contact phone number:_____

****Emergency contact name and phone number*Emergency contact (outside of parent and guardians) Parents will be contacted first in the event of an emergency****

Emergency Contact and relationship to student:_____

Emergency contact phone number:_____

Shimmy Shuffle & Shake Dance Company Photo & Video Release Form

Student Name: _____

Parent/Guardian Name: _____

Date: _____

At Shimmy Shuffle & Shake Dance Company, we love celebrating our dancers' growth, creativity, and accomplishments!

To showcase their hard work and the joy of dance, we may occasionally take photographs or videos during classes, rehearsals, performances, and events.

These images may be used in:

- Studio social media posts (e.g. Facebook, Instagram, TikTok)
- Website galleries
- Printed marketing materials (flyers, brochures, posters)
- Newsletters or press releases
- In-studio displays

Please review and sign below to grant or decline permission:

Permission Choice (check one):

☐ YES, I grant permission for Shimmy Shuffle & Shake Dance Company to photograph and/or video my child and use the images for promotional and marketing purposes as outlined above.

☐ NO, I do not grant permission for my child's image to be used.

I understand that no names or personal information will be shared publicly without additional

permission. I also

understand that there is no compensation for the use of these images.

Parent/Guardian Signature: _____

Date: _____

Shimmy Shuffle & Shake Dance Company Liability Waiver & Consent Form

Student Name: _____

Parent/Guardian Name: _____

Date of Birth: _____

Emergency Contact Name & Phone: _____

At Shimmy Shuffle & Shake Dance Company, your child's safety is our top priority. However, as with any physical activity, there is a risk of injury. This waiver releases the studio, instructors, and staff from liability in the event of an accident or injury during participation.

Please read and sign below:

I, the undersigned, hereby acknowledge that I am fully aware of the risks and hazards involved in the participation of dance and physical activities offered at Shimmy Shuffle & Shake Dance Company.

I voluntarily assume full responsibility for any risk of injury or damages that may be sustained by my child as a result of participation. I hereby waive, release, and discharge Shimmy Shuffle & Shake Dance Company, its owners, instructors, staff, and volunteers from any and all liability, claims, demands, or causes of action arising out of correlating to any loss, damage, or injury, including death, that may be sustained by my child or to any property belonging to me or my child while participating in any program or event.

I also certify that my child is in good health and capable of participating in dance classes and physical activities. In the event of an emergency, I authorize the staff of Shimmy Shuffle & Shake Dance Company to seek medical treatment and/or transport my child to a medical facility if necessary.

Parent/Guardian Signature: _____

Date: _____

Printed Name: _____