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**Registration Form**

Student:

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 Last First DOB

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Cell #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address Email

Medical Information:

Please list any allergies, injuries, physical limitations/issues, special needs, or medication to be aware of.

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Emergency Contact (not listed above)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Cell # Relationship

Authorization to consent to treat a minor in an emergency:

 In any case of an emergency, of an accident/illness in your absence, Impulse Dance Academy staff has consent:

With dance being a physical activity, injury may occur, but we take every precaution to ensure the safety of your child. If an injury may occur before, during, or after dance, Impulse Dance Academy staff and instructors are not responsible. Within dance activities, at any moment a student may decline to participate, if they deem to be harmful. With this, they must notify the instructor immediately of any physical limitations, which prevents full participation on the class and activity. To ensure the safety of my child, I will provide proper health insurance coverage for my child in the case of any injury/accident. By signing below, I understand and acknowledge, that Impulse Dance Academy does not assume any financial responsibility for medical assistance for my child. I understand that dance is considered a strenuous physical activities, in which by signing is giving consent for the student to participate. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

By signing, is authorization, or unless submitted in writing to revoke agreement.

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Parent/Guardian/Student (if over age 18). Date