



STUDENT ENROLLMENT & WAIVER FORM

BESTMoves Dance Academy

Season/School Year: _____ Enrollment Date: _____ New Student: ☐ Yes ☐ No / Returning

1. STUDENT INFORMATION

Student's Full Name: _____ Preferred Name: _____

Date of Birth: _____ Age: _____ School: _____ Grade: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

2. PARENT / GUARDIAN INFORMATION

Parent/Guardian #1: _____ Relationship: _____

Phone: _____ Email: _____

Address (if different): _____

Parent/Guardian #2: _____ Relationship: _____

Phone: _____ Email: _____

Address (if different): _____

Primary Contact: ☐ #1 ☐ #2 ☐ Either Preferred Communication: ☐ Call ☐ Text ☐ Email

3. EMERGENCY CONTACT

Please provide someone other than the student's parent/guardian whenever possible.

Name: _____ Relationship: _____ Primary Phone: _____

Secondary Phone: _____

4. AUTHORIZED PICKUP

Please list individuals other than the parent/guardian who are authorized to pick up your child.

#1 Name: _____ Relationship: _____ Phone: _____

#2 Name: _____ Relationship: _____ Phone: _____

#3 Name: _____ Relationship: _____ Phone: _____

Unless otherwise arranged with BESTMoves Dance Academy, students will only be released to a parent/guardian or authorized individual.

Is anyone specifically NOT authorized to pick up this student? ☐ No ☐ Yes. If yes, speak directly with the Academy Director and provide necessary documentation.

5. DANCE EXPERIENCE

Has your child taken dance classes before? ☐ Yes ☐ No If yes, approximately how many years? _____

Previous Dance School/Program (optional): _____

Styles Previously Studied: ☐ Ballet ☐ Jazz ☐ Hip-Hop ☐ Modern ☐ Contemporary ☐ Tap ☐ Acro ☐ Creative Movement ☐ Other: _____

What are you hoping your child gains from BESTMoves Dance Academy?

Anything the instructor should know about your child's learning style, personality, or classroom needs?

6. CLASS ENROLLMENT

Class/Program: _____ Day: _____ Time: _____

Instructor: _____ Additional Class: _____

Day: _____ Time: _____

7. MEDICAL & HEALTH BACKGROUND

This information helps BESTMoves staff respond appropriately to your child's needs during classes, rehearsals, performances, and Academy activities.

Primary Physician/Pediatrician: _____ Phone: _____

Current/history: ☐ Allergies ☐ Asthma ☐ Seizures ☐ Diabetes ☐ Heart/cardiovascular concerns ☐ Joint/mobility concerns ☐ Previous fractures ☐ Sprains/strains ☐ Back/spinal concerns ☐ Recent surgery ☐ Fainting/dizziness ☐ Other relevant condition ☐ None

Please explain any checked items:

Food, medication, environmental, or other allergies? ☐ No ☐ Yes Explain: _____

EpiPen or other emergency medication? ☐ No ☐ Yes Explain: _____

Medication BESTMoves should be aware of? ☐ No ☐ Yes Details: _____

Current injury, physical limitation, or activity restriction affecting dance? ☐ No ☐ Yes

Explain: _____

Accommodations or precautions instructors should know?

Parents/guardians are responsible for informing BESTMoves Dance Academy of significant changes to the student's medical information during enrollment.

8. EMERGENCY MEDICAL AUTHORIZATION

In the event of injury, illness, or medical emergency, BESTMoves Dance Academy will make reasonable efforts to contact the student's parent/guardian or emergency contact.

If I cannot be reached and emergency care is reasonably believed necessary, I authorize BESTMoves Dance Academy and its authorized representatives to contact emergency medical services and seek appropriate emergency assistance for my child.

I understand BESTMoves does not guarantee or assume responsibility for the availability, cost, or outcome of medical treatment and that I remain responsible for medical expenses incurred on behalf of my child to the extent permitted by law.

Parent/Guardian Initials: _____

9. PHOTO & VIDEO RELEASE

BESTMoves Dance Academy may photograph or record classes, rehearsals, performances, events, workshops, and other Academy activities. Photos/videos may be used for BESTMoves websites, social media, flyers, promotional materials, digital advertisements, recital/event promotions, newsletters, studio displays, and educational or archival purposes.

Please select ONE:

☐ **YES, I GIVE PERMISSION** for BESTMoves to photograph/video my child and use their image, likeness, or performance for Academy promotional, educational, and marketing purposes without additional compensation.

☐ **LIMITED PERMISSION** - Group photos/videos are permitted, but please do not intentionally feature my child individually in promotional materials.

☐ **NO, I DO NOT GIVE PERMISSION** for my child's image or video to be used for promotional purposes.

I understand BESTMoves will make reasonable efforts to honor the selection above.

Student Name: _____ Parent/Guardian Initials: _____

10. PARTICIPATION & LIABILITY WAIVER

I understand that dance, fitness, stretching, conditioning, rehearsals, performances, and related physical activities involve inherent risks, including but not limited to slips, falls, collisions, strains, sprains, and other injuries.

I certify that, to the best of my knowledge, my child is physically able to participate in the activities for which they are enrolled, subject to limitations disclosed in this form.

I understand instructors may provide age-appropriate physical instruction, corrections, stretching, conditioning, and movement exercises as part of dance education.

To the extent permitted by applicable law, I acknowledge and voluntarily accept the ordinary risks associated with my child's participation in BESTMoves Dance Academy activities.

I agree to promptly notify BESTMoves of injuries, medical restrictions, or other conditions that may affect my child's safe participation. Nothing in this waiver is intended to waive rights or responsibilities that cannot legally be waived under applicable law.

Parent/Guardian Initials: _____

11. COMMUNICATION AUTHORIZATION

I authorize BESTMoves Dance Academy to contact me regarding: ☐ Class information ☐ Schedule changes/cancellations ☐ Tuition/payment reminders ☐ Rehearsals and performances ☐ Academy events ☐ Emergency matters ☐ Enrollment opportunities and Academy announcements

Preferred Phone: _____ **Preferred Email:** _____

12. PARENT/GUARDIAN ACKNOWLEDGMENT

By signing below, I certify that the information provided on this enrollment form is accurate to the best of my knowledge.

I acknowledge that I have reviewed the sections regarding medical information, emergency authorization, photo/video permission, participation risks, and communication authorization.

I understand that I am responsible for notifying BESTMoves Dance Academy if important information provided on this form changes during the enrollment period.

Student's Full Name: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ **Date:** _____

FOR BESTMOVES OFFICE USE ONLY

Enrollment Received: _____ **Registration Fee Paid:** ☐ Yes ☐ No ☐ N/A

Class Placement: _____ **Instructor:** _____

Medical/Allergy Alert Noted: ☐ Yes ☐ No ☐ N/A **Photo/Video Permission:** ☐ Full ☐ Limited ☐ No Permission

Payment Method on File: _____

Additional Notes:

Processed By: _____ **Date:** _____

Administrative note: Because waiver and emergency-authorization requirements can vary, BESTMoves Dance Academy may wish to have the final language reviewed by a Connecticut attorney before use.