



Student Registration Form *(One Per Dancer)*

Revised May 2021

Student Info:

Student Name: _____ DOB _____ Age _____ Sex _____ Grade _____

Parent Info:

Parent/Guardian: _____ Best Phone Number: _____

Email: _____ Work Phone Number: _____

Parent Address: _____ City _____ State _____ Zip _____

Emergency Contacts:

#1 Name: _____ Phone Number: _____

#2 Name: _____ Phone Number: _____

Medical Info:

Please list any pertinent medical conditions (seizures, bone/muscle/joint injuries, diabetes): _____

Doctor: _____ Phone: _____

Discount System

LDC offers discounts for multiple classes taken by an individual dancer.

Discounts are calculated as follows:

Multi-class Discount: 1st Class = Full Price

2 Classes = 5% off Total

3 Classes = 10% off Total

4 Classes = 15% off Total

5+ Classes = 20% off Total

Class Name	Day	Time	Fee

Total Fees _____

Discounts Applied _____

Total Due at Registration _____

Office Use Only : Collected by (int) _____ Paid by Cash _____ Paid by Check # _____ Paid by M.O.# _____

Please make checks payable to LEGACY DANCE COMPANY, LLC 800 N Main St. Prineville, Or 97754



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1. Legacy Dance Company is not responsible for the care of students except when in class. Students are not to be in the lobby more than 15 minutes prior to the start of their class(es).
2. All Legacy Dance Company Students, Parents, and visitors to the studio waive the right to any legal action for any injury sustained on studio property resulting from normal dance activity conducted by the students before, after, and during classes.
3. All Legacy Dance Company Students and Parents attending competitions, community events, camps, fundraisers, and any events that take place off of studio property waive the right to legal action for any injury that is sustained as a result of normal activity for that event (i.e.: driving, travelling, dancing). Parents are responsible for transporting their dancer to and from events or making arrangements with another adult to do so.
4. The undersigned grant permission to Legacy Dance Company and its owners and operators to seek medical treatment for the participant in the event they are unable to reach a parent or guardian. I hereby declare any medical or mental conditions, problems, or restrictions and/or declare the participant to be in good physical and mental health.
5. As the legal parent or guardian, I release and hold harmless Legacy Dance Company, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever arising out of or related to, any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned while in or upon the premise of any premises under the control and supervision of Legacy Dance Company, its owners and operators or in route to or from any of said premises.

_____ I have read and accepted the Legacy Dance Company Policies and Procedures. Furthermore, I hereby release Legacy Dance Company and its agents or representative of liability for any personal injury to any student arising out of participation in class or incurred while on the premises of Legacy Dance Company. In the event of a medical emergency, I authorize the agents of Legacy Dance Company to use their discretion in securing treatment if a parent/guardian of the student is not available under such circumstances. I understand every effort will be made to contact a parent/guardian or the Emergency Contact should the parent/guardian be unavailable under such circumstances.

_____ I agree to permit Legacy Dance Company to use my child's photograph for media or marketing purposes by signing this form.

_____ I have fully informed myself of the contents of this affirmation and release by reading it before I signed it. This release will be effective for the entire time that I am a student/parent on the premises of Legacy Dance Company or at times that I am participating at off-facility locations. I further state that I am of lawful age and legally competent to sign this affirmation and release, that I understand the terms herein are contractual and not mere and that I have signed this document as my own free act.

_____ I understand that ALL SALES are final. Including but not limited to: apparel, costumes, tuition, and recital tickets. I understand that Legacy Dance Company does not issue refunds under any circumstances.

_____ I understand that all communications from LDC will be done through email, Facebook, and/or text message.

_____ I have read and agree to Legacy Dance Company's Waiver of Liability and Hold Harmless for Communicable Diseases Including Covid-19.

Signature: _____

Date: _____



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WAIVER OF LIABILITY AND HOLD HARMLESS FOR COMMUNICABLE DISEASES INCLUDING COVID-19

Participant Name: _____

Home Phone: _____

Address: _____

Parent/Guardian Name (if participant is a minor): _____

COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to be spread mainly from person-to-person contact. While rules, guidelines, and personal discipline may reduce this risk, the risk of serious illness and death do exist. Legacy Dance Company (LDC) cannot completely mitigate the transfer of communicable diseases like COVID-19. Attending classes at LDC includes possible exposure to illness which could result in complications and even death from infectious diseases including COVID-19.

In consideration for providing me/my child the opportunity to conduct or participate in activities in or around LDC, I/my child voluntarily agree to waive and discharge any and all claims against LDC and release it from liability for any exposure to or illness or injury from an infectious disease including COVID-19, including claims for any negligent actions of LDC or its employees or agents, to the fullest extent allowed by law, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, and our successors.

I also agree to release, exonerate, discharge and hold harmless LDC, its Owners, employees, and all volunteers from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (including but not limited to, medical costs) arising out of any exposure to or illness or injury from an infectious disease including COVID-19, which may result from or in connection with my/my child's participation in activities in and around LDC property.

I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and, if applicable, the above-named child.

I certify that I have read this document in its entirety and fully understand its contents. In exchange for the opportunity to conduct and/or participate in activities in or around Legacy Dance Company property, the above-named child and I (personally and on behalf of my above-named child) freely and voluntarily assume all risks of such hazards and notwithstanding such, release LDC from all liability for any loss regardless of cause, and claims arising from my/my child's participation and use of LDC property.

Participant Signature: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

(if Participant is a minor)