

Western Maine Dance Center Student Registration Form

Student Information

Student's Name: _____ Date of Birth (MM/DD/YYYY): _____

Mailing Address: _____

Phone: _____ would you like to receive text notification? _____

Primary Email Address: _____

Legal Release and Policy Acceptance (please initial)

____ I/we have read the student/parent handbook and understand all rules and policies

____ I/we understand the risks related to dance and have signed the Liability Waiver

____ I/we given media use rights permission

____ I/we give permission for Western Maine Dance Center to run my card on file for monthly tuition payments. I understand that in the event that I drop a class after December 1st that 50% of the remaining balance for yearly tuition will be charged to my card on file.

Signature

Date

Medical

Allergies: _____

Will your child require any special attention during a normal class: (this includes behavioral or learning challenges) (yes/no)

If yes – Explain: _____

Waiver of Liability

I, _____, (parent/guardian's name) hereby give my child, _____, (child's name) permission to dance at the Western Maine Dance Center. I waive the right to any legal action against Western Maine Dance Center for any injury sustained while in classes or at any Western Maine Dance Center event. I understand that I am enrolling my dancer in a program of physical activity and have agreed that my student is in good physical condition and does not suffer from any disability that would prevent or limit participation in this dance program.

Medical Release Form

I, _____ (parent/guardian's name) hereby give permission for any and all medical attention to be administered to my child, _____ (child's name), in the event of accident, injury, sickness, etc., under the direction of the physician listed below or at any necessary emergency facility, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

INSURANCE COMPANY: _____

POLICY NUMBER: _____

CHILD'S PHYSICIAN: _____

ADDRESS: _____

PHONE: _____

KNOWN ALLERGIES: _____

EMERGENCY CONTACT NAME _____ PHONE: _____

Photo Release Form & Agreements

I give full rights to the Western Maine Dance Center to use photos and video images of me or my child to use for promotional purposes of the Western Maine Dance Center only. Photos and video will be used in brochures, websites, advertisements, and other promotional material created by the studio. Photos may appear with or without names in press releases and other print advertising. I have read, understand and agree to the above stated waiver of liability, medical and photo releases. I have also read and understand the "Western Maine Dance Center "Student and Parent Handbook". I understand I will be held responsible for all tuition, costume payments, and late fees as listed.

Parent's Printed Name _____ Parent's Signature _____

_____ Date _____