

Valor Conservatory of Dance

303 Barksdale Ave., DuPont, WA 98327

valorconservatoryofdance@gmail.com

Dancer Registration

1. Dancer Information:

Full Name: _____
Nickname: _____
Gender: _____
Birthday: _____
Age: _____
Home Address: _____
City, State: _____
Zip: _____
Any information staff should be aware? _____

2. Dancer's Parent/Guardian Information (supplementary attachment OK):

A. Parent/Guardian

Name: _____
Email: _____
Mobile: _____
Alt. Phone No.: _____
Relationship: _____
Preferred Method of Contact: Email Text to Mobile*(1)
 Phone Call
* (1) subject to fees as established by your carrier
Street Address: _____
City: _____
Zip: _____
Mailing Address (if different): _____

B. Parent/Guardian

Name: _____
Email: _____
Mobile: _____
Alt. Phone No.: _____
Relationship: _____
Preferred Method of Contact: Email Text to Mobile*(1)
 Phone Call
* (1) subject to fees as established by your carrier
Street Address: _____
City: _____
Zip: _____
Mailing Address (if different): _____

3. Emergency Contact(s) (one or more - supplementary attachment OK):

n/a (if Dancer is over the age of 18, this information is not required)

Name: _____
Relationship: _____
Mobile: _____
Alt. Phone No.: _____
Street Address: _____
City: _____
Zip: _____

Name: _____
Relationship: _____
Mobile: _____
Alt. Phone No.: _____
Street Address: _____
City: _____
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4. Medical Information (this section is optional, but helpful in the event of an emergency):

Allergies: No

Yes (describe):

Any medical:
information staff
should be aware of:

Medical Provider: _____

Medical Provider Phone No.: _____

5. Dance History:

If Dancer has prior dance/arco experience, please share:

Style:	Place of Study:	How long:

6. Class Registration:

Class	Style	Day	Time

7. Photo/Video/Media Release

I grant permission to Valor Conservatory of Dance to use my image, or that of my child, on social media, in advertisements, or in other studio publications.

I do not grant permission to Valor Conservatory of Dance to use my image, or that of my child, on social media, in advertisements, or in other studio publications.

Signature: _____
Name: _____
Relationship: _____
Date: _____

Signature: _____
Name: _____
Relationship: _____
Date: _____

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8. Studio Policies: Understanding & Adherence

I agree to and have taken the time to read all information and policies including, but not limited to, financial policies, monthly fees, insurance, bad weather/holiday policies, attendance and class observation and dress code. I understand and agree to adhere to these policies, and any updates that may follow. Any objections must be received in writing and exceptions are by Valor Conservatory of Dance's written agreement only.

Signature: _____
Name: _____
Relationship: _____
Date: _____

Signature: _____
Name: _____
Relationship: _____
Date: _____

9. Medical Release

In case of an accident, injury, or other medical event, I give my permission for the treatment as deemed necessary by staff or emergency personnel, and release for transportation for further treatment by staff or emergency personnel.

Signature: _____
Name: _____
Relationship: _____
Date: _____

Signature: _____
Name: _____
Relationship: _____
Date: _____

10. General Release/Disclaimer:

I, the Releasor, do hereby assume full responsibility for any and all damages, injuries (including death) or losses that I, or my child, or other individual under my supervision, may sustain or incur, if any, while attending, practicing, participating in, or witnessing any Valor Conservatory of Dance class or program, or physical activity, occurring in or about its premises used, leased or visited. I hereby assume full risk, waive all claims, and release and hold Roshelle Howard, Valor Conservatory of Dance, City of Dupont, Pierce County, Pierce County Schools, their predecessors & successors, employees, owners, agents, instructors, volunteers, representatives, trustees, lessors and lessees ("Releasee"), harmless for any and all claims for all injuries or damages.

I do hereby release and forever discharge Releasee from any claims, expenses, attorneys fees and causes of action or suits of any kind associated with the participant's involvement in Valor Conservatory of Dance classes or associated activities and events.

In consideration for my participation in and participation in classes, or any associated activity, I hereby release and covenant not to sue Releasee from any and all present claims resulting from ordinary negligence and inherent risk of use of facilities and equipment of the Releasee, including but not limited to any loss, injury, damage, or liability sustained by me while on or about the premises used by Releasee.

In the event any portion of this release is deemed prohibited, invalid or unenforceable, the portion will be ineffective to the extent of the prohibition without invalidating the remainder, provided the material purpose of the release remains.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SINGING THIS WAIVER VOLUNTARILY.

Both Parents or Guardians, as applicable, must sign if applicant is under the age of 18.

Signature: _____
Name: _____
Relationship: _____
Date: _____

Signature: _____
Name: _____
Relationship: _____
Date: _____

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Attachments:

- (1) Studio & Financial Policy, 3 pages
- (2) Method of Payment Declaration, 1 page
- (3) COVID Waiver & Release, 1 page