

# EAST COAST DANCE FORCE REGISTRATION FORM SUMMER 2024

Parent Last Name: \_\_\_\_\_ Parent First Name: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
 Email (please print neatly): \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Emergency Contact Name & Number: \_\_\_\_\_

Child's Name: _____ Date of Birth: _____ Classes: _____ _____ _____ Medical Comments: _____ _____ _____ _____	Child's Name: _____ Date of Birth: _____ Classes: _____ _____ _____ Medical Comments: _____ _____ _____ _____	Child's Name: _____ Date of Birth: _____ Classes: _____ _____ _____ Medical Comments: _____ _____ _____ _____
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Liability Release & Financial Agreement: I release East Coast Dance Force LTD., its staff and teachers of any liability for accident or injury that may occur while attending dance class, or other related activities away from or at the facility. I accept full financial responsibility for all related costs during the Summer 2024 Session at East Coast Dance Force LTD.

Signature: \_\_\_\_\_

Photo Release: Images of my child, captured during regular dance classes, rehearsals, performances and special activities through video, photo and digital camera, may be used solely for the purposes of East Coast Dance Force LTD. in promotional material, newsletters, websites and publications, and waive any rights of compensation or ownership.

Yes \_\_\_\_\_ No \_\_\_\_\_ Signature: \_\_\_\_\_

<b>OFFICE USE ONLY</b>			
Total Due: _____	Date: _____	Check/Cash: _____	Check # _____