**Mary-Ann’s School of Dance**

**Registration**

Student Name: Date of Birth: / / Age: Grade:

Parent Name: Phone #:

E-Mail:

Address: Zip:

Classes: Ballet\_\_\_\_ Tap\_\_\_\_ Jazz\_\_\_\_ Acro\_\_\_\_ Contemporary\_\_\_\_

Pointe\_\_\_\_ Musical Theatre\_\_\_\_ Hip Hop\_\_\_ Strength/Conditioning \_\_\_\_\_

Registration Fee: $20 New Student / $10 Returning Student

Waiver/Indemnification: As parent/legal guardian of the child named herein, I hereby represent that my child has been examined by a pediatrician and is physically fit to participate in dance with Mary-Ann’s School of Dance. I understand there are inherent risks in participating in this program. I hereby accept responsibility for and agree to pay any and all costs for medical treatment resulting from any injury suffered by my child as a result of his/her participation at Mary-Ann’s School of Dance. I further agree to indemnify and hold harmless Mary-Ann’s School of Dance, its employees, and/or representatives from any and all liability, damage, cost, or expense arising out of my child’s participation, of every kind of nature, in Mary-Ann’s School of Dance events. In the event that I cannot be reached in an emergency, I hereby give permission for care to be administered by Mary-Ann’s School of Dance, an EMT, physician/staff of a hospital, or any other qualified individual to provide medical treatment deemed necessary for my child. Mary-Ann’s School of Dance may use photographs and/or videos of my child participating in Mary-Ann’s School of Dance sponsored activities.

**Submission of this form indicates you have read and agree to the terms of our waiver**

Signature of Parent or Legal Guardian Date