

The Dance Company Registration Form and Waiver

Dancer's Name _____ DOB _____

Parent/ Guardian Name(s) _____

Address _____

Home Phone _____ Cell _____ Work _____ E-mail _____

Emergency Contact 1:

Name _____ Relationship _____

Home Phone _____ Cell _____ Work _____

Emergency Contact 2:

Name _____ Relationship _____

Home Phone _____ Cell _____ Work _____

Preferred Physician _____ Physician Phone _____

Are there any medical conditions or restrictions that we should know about? (Asthma and allergies, prior sports injury, seizures, diabetes, etc.)

I understand every effort will be made to contact me, the contact persons, or the doctor. If we cannot be reached, I give my consent for the emergency room physician to treat myself, my child, or my family.

Signature _____ Date _____

I, _____ have enrolled _____ in a program of strenuous physical activity, offered by *The Dance Company*. I, for myself, my heirs and assigns, hereby release *The Dance Company*, Dana Meeks, the directors, and all employees, or the owner of the location 2827 W Park Row Arlington, TX 76013, from any claims, demands and causes of action from my or the above named person's participation in any programs offered at *The Dance Company* or at any time, while in the vicinity of the premises or in any activity sponsored, represented or organized by *The Dance Company*. I also understand that photos and videos may be taken throughout the year and these images may be published or used for advertising and promotional purposes by *The Dance Company*, and its agents. By signing, I hereby affirm that I have read and fully understand and agree with the above waiver and have read and fully understand studio policies.

_____ Date _____

Signature of parent or legal guardian or student age 18 and older.

Class 1 _____ Day and Time _____	Class 2 _____ Day and Time _____
Class 3 _____ Day and Time _____	Class 4 _____ Day and Time _____
Class 5 _____ Day and Time _____	Class 6 _____ Day and Time _____

Total Class Hours _____ Monthly Tuition _____

