Season 32 Registration Form

Monthly Tuition:_____
Costume Balance:_____

Dancer Information:
Dancer 1:_____ DOB:_____Age:_____
This is my _____ (consecutive) year dancing at Dancin'Ovations.

Dancer 2:_____ DOB:_____Age:_____
This is my _____ (consecutive) year dancing at Dancin'Ovations.

Parent information:
Parents Names:_____
Email Address:_____
Mobile Phone:_____ Phone 2:_____

Emergency Contact Information:
Emergency Contact Name (other than a parent):_____
Phone:_____ Relationship to Child:_____

Class information:
Day:_____ Class:_____ Time:_____
Day:_____ Class:_____ Time:_____
Day:_____ Class:_____ Time:_____
Day:_____ Class:_____ Time:_____
Day:_____ Class:_____ Time:_____

Payment Information:
Form of Payment: Cash:_____ Check:_____ Zelle:_____ Venmo:_____
Responsible Party Name on Account:_____
Phone:_____

X_____ By initialing here I agree that I (the responsible party) am held accountable for all monthly tuition payments between the 1st and 5th of every month to Dancin'Ovations Dance Studio and understand that if paid after the 5th a $15 late fee is applied on my behalf

# WAIVER AND RELEASE FROM LIABILITY FOR DANCE INSTRUCTION

I, _____ (PRINT YOUR NAME) have chosen to have my child, _____ (PRINT CHILD'S NAME), participate in dance instruction given by Dancin'Ovations Dance Studio. I acknowledge that I understand the nature of the activities my child will be participating in and that my child is in the proper physical condition and capable of participating in the related activities, understanding that Dancin'Ovations Dance Studio is not in any way responsible for making such a determination. X___

In consideration of my child's enrollment in any dance instruction program, I understand and agree on behalf of myself and my child, to release, hold harmless, and discharge Dancin'Ovations Dance Studio from all claims, costs, liabilities, expenses or judgments, including attorneys' fees and court costs for any occurrences in connection with any dance instruction. I assume all risks to my child in connection with any instruction and further release Dancin'Ovations Dance Studio and its owners and employees from liability for any injury sustained by my child while he or she is enrolled in any dance instruction program, including all risks reasonably connected with such activity whether foreseen or unforeseen. X___

I understand that Dancin'Ovations Dance Studio is not responsible for my child or other children under my supervision who are left unsupervised in the common areas and areas surrounding the dance studio or at any recital or exhibition performance and that Dancin'Ovations Dance Studio will only be supervising my child when he or she is participating in scheduled dance activities, programs or instruction. I understand that Dancin'Ovations Dance Studio is not responsible for personal property that is lost, damaged or stolen while I or my child is at or on Dancin'Ovations Dance Studio property. X____

I acknowledge and agree that it is my responsibility to maintain my own accident and health insurance coverage that provides adequate coverage for myself and my child participating in Dancin'Ovations Dance Studio activities and that Dancin'Ovations Dance Studio does not provide accident or health insurance for those participating in its instruction, activities or programs. X____

I authorize and agree that Dancin'Ovations Dance Studio may take and use photographs, videos or likenesses of myself or my child as needed for its record-keeping, advertising and/or public relations projects and that I have no rights to the same and will not be compensated for the same. X____

My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability pursuant to the terms herein, and agreement as to all terms and conditions contained above. I am of lawful age and competent to sign this affirmation. X____

Agreement of Classroom Protocol: I understand that the accepted practice and methodology of professional dance training entails "hands on" and other forms of physical contact with instructors and other students, and that this is necessary for a student to learn at an appropriate pace. I understand that if there is currently, or ever would be, any reason why I should not be touched, or should only be touched in a specific way, that it is my responsibility to inform EACH instructor as to what is acceptable, and to discuss any related physical or mental issues with them. X____

I HAVE FULLY INFORMED MYSELF AS TO THE CONTENTS OF THIS RELEASE AND HAVE READ THE SAME PRIOR TO SIGNING.

_____ _____

Signature of Participant's Parent or Guardian Date Date signed

_____

Printed Name of Participant's Parent or Guardian