



Registration and Release Form

Date: _____

Student:	Last Name	First Name	Date of Birth	Age	Female/Male	shirt size(A/Y s/m/l)
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Home Address	City/Zip	Phone Number
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Parent/Guardian (mother): _____ (father) _____

Email Address: _____ Email Address _____

Home Phone Number	Work Phone Number	Cell Number
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Other Responsible Party	Relationship	Phone Number
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Doctor/Phone: _____

****In an emergency situation, a medical technician may need to know the following information regarding my child's health: Allergies, chronic illnesses, seizures, etc. (Please use space below to list pertinent information)****

I/we the parent/guardian of the above named student, a minor, and the above named student agree to the following:

Initial

_____ 1. **Studio Policies:** I have read the **Studio Rules** for parents and students and agree to abide by them.

_____ 2. **Photo/Image Release:** I give my consent for images (photograph, video) of myself and/or dependents to be taken and used to document the activities of All About Dance. I grant All About Dance permission to use the images for educational and promotional purposes. ***I understand that if I do not want images of myself or my dependent used, I will indicate this in writing and the signed letter will be attached to this document and kept on file at the studio.***

_____ 3. **Medical Release:** I give my permission for Chandra McCain, studio teacher, or studio parent, to take my child to a medical/dental facility, if necessary. In case of Emergency, if none of the above can be contacted, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under said medical care and any emergency treatments. All About Dance will not be held responsible for the cost of any medical care or emergency treatments. I hereby waive all claims whatsoever in connection with such medical treatments.

_____ 4. **Waiver and Release:** I agree that if my dependent or I (heretofore known as “we”) engage in any physical exercise, class, or activity, or facility on the premises or any venue where we participate as representatives of All About Dance, we do so at our own risk. I agree that we are voluntarily participating in activities and use of said facilities, premises (including the parking lot) at All About Dance. We assume all risk of injury, illness, damage, or loss to us or our property, that might result, including, without limitation, any loss or theft of any personal property. I agree that this consent and assumption of risk statement covers each and every event or activity sponsored by All About Dance. I agree to release and discharge you (and your affiliates, employees, agents, representatives) from any and all claims or cause of action (known or unknown) arising out of your negligence. I acknowledge that I have carefully read this Waiver and Release of Information, and fully understand that it is a release of liability. I am waiving any right that I may have to bring legal action to assert a claim against you for your negligence.

Signature of parent/guardian of minor or Adult Student

Date

Office use only

Classes requested _____

Class frequency/start date _____

Fee _____

Verification _____

Cash/check/credit _____

Authorization to run Credit Card for All About Dance

Monthly Tuition

(all monthly credit card auto drafts will incur an additional \$2.75/month charge convenience fee)

I, _____ (printed name), give my permission for All About Dance to run my credit card for the purposes of paying monthly tuition due on the 1st of the month. Card will be processed on the 5th of each month.

Student(s) name: _____

Class(es) _____

Card Type: Visa/MC/AMEX _____

Card # _____

Expiration Date _____

CVC Code _____

AMEX (digits on front of card) _____

Signature _____ -

Phone number _____

Office use: Monthly Rate _____ parent initials _____

Comments:

