

# Dreams of Dance

## Dance Registration Form

Dancer's Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Any allergies/medical issues? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Contact's Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Classes registering for: \_\_\_\_\_

\_\_\_\_\_

I hereby release Dreams of Dance, employees/independent contractors from all liability for personal injury, illness including Covid-19 or property damage occurring on or off the studio premises. I authorize Dreams of Dance to seek medical treatment at the nearest medical facility and may call paramedics and discharge me/dancer to an ambulance if I am not able to authorize it in the case of emergency. I certify that my dancer is in good health and capable of participating in physical activities. I hereby give permission to Dreams of Dance to take and use photographs for promotional uses for the studio. I also understand that payment is not refundable.

Parent/Guardian Signature: \_\_\_\_\_