



2017 SUMMER REGISTRATION FORM

Registration Date _____

Dancer Name _____ F M (Circle One)

Birth Date _____ Age _____

Parent Name _____

Address _____ City _____ Zip _____

Email Address _____

Home Phone _____ Cell _____ Work _____

Medical Conditions/Concerns _____

Allergies _____

Emergency Contact _____

Relation _____ Phone No. _____

Is your family NEW to Class Act Dance? Yes _____ No _____ (Check one)

How did you hear about Class Act Dance? _____

Thank you for participating in a Class Act Dance sponsored activity! Please read the following waiver carefully. By signing this document you acknowledge that you have read, understand and agree to comply with policies stated below:

WAIVER OF LIABILITY

Dancing, stretching, or performing is a physical activity.

1. Class Act Dance and their instructors will be held harmless for any personal injuries; loss of or damage to personal property occurring at its place of business or at any venue where they may be rehearsing or performing.
2. I acknowledge policies held by Class Act Dance which recommend doctor examinations for students, especially under 13 years of age, before participating in any activity which may cause or progress any injury or limitations the student may have; to consult with a physician before participating in any activity if I have any doubt as to my, or my child's physical abilities.
3. Class Act Dance cannot dispense any medications, including aspirin.

I have read and agree to the policies stated above:

I grant permission for myself and or my children's photographs to be used in Class Act Dance marketing materials: YES _____ NO _____ (Check one)

Signature: _____ Date: _____
Parent/Guardian

