



REGISTRATION FORM

FEE \$20/STUDENT \$30/FAMILY

STUDENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

BIRTHDAY: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_

ADDITIONAL STUDENT: \_\_\_\_\_

BIRTHDAY: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_

ADDITIONAL STUDENT: \_\_\_\_\_

BIRTHDAY: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ANY MEDICAL CONCERNS: \_\_\_\_\_

CLASS: \_\_\_\_\_

CLASS: \_\_\_\_\_

CLASS: \_\_\_\_\_

CLASS: \_\_\_\_\_

Core Dance LLC recognizes its obligation to make sure students and their parents are aware of the risks and hazards involved in the sport of dance. By signing this waiver, you release Core Dance LLC and all its employees from all claims on account of any injury which may be sustained by you or your child while attending any dance class, event, or outside performance. **In signing this waiver, you also acknowledge you have read the studio policies and are responsible for paying monthly tuition, any associated costume fees, entry fees for performances or competitions, and all other communicated costs involved.** You also affirm you now have and will continue to carry proper primary medical, health, hospitalization, and accident insurance which you consider adequate for the protection of both your child and Core Dance. I also give permission to take photographs of my student(s) to use in brochures, web sites, advertisements and other promotional materials the studio creates.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_