Fall Registration Form

Student Information

Students Name | Date of Birth | Age

Address | City | State | Zip

Prior Dance Experience

Parent Information

Parent or Guardian | Home Phone | Work Phone | Cell Phone

Parent or Guardian | Home Phone | Work Phone | Cell Phone

E-mail Address | E-mail Address | E-mail Address

Class Information

Class 1		Day		Time	
Class 2		Day		Time	
Class 3		Day		Time	
Class 4		Day		Time	
Class 5		Day		Time	
Class 6		Day		Time	
Class 7		Day		Time	
Class 8		Day		Time	

Medical information, Risk Notification, Liability Waiver and Photography Policy

Emergency Contact | Home Phone | Work Phone | Cell Phone

Family Physician | Phone | Insurance Carrier/Number

Allergies/any health problems that may interfere with dance?

☑ In the case of illness or medical emergency and the parents/guardian cannot be reached, the staff of Encore Dance Academy LLC may authorize medical treatment for the above named student. I understand that because dance involves motion, there is a risk of injury. I and my heirs hereby release Encore Dance Academy LLC, it's employees, instructors and owners from any liability for damages and or injury or medical expenses which might occur as a result of my child's participation including virus-related illnesses. My child has no problems that might compromise his/her safe involvement. Encore Dance Academy LLC will not be held responsible for any injuries sustained from traveling to or from its facilities, shows of any kind or competitions.

☑ Encore Dance Academy LLC may use photos of participants for promotional purposes. By registering for one of our programs, you have granted permission to use your child's photograph for promotional purposes unless otherwise noted.

☑ I have read and agree to abide by Encore Dance Academy LLC's policies, regarding tuition, late payments, attendance, costumes, and dance attire.

☑ I understand that Encore Dance Academy LLC is not responsible for lost, stolen or unclaimed articles.

☑ I understand that Encore Dance Academy LLC's performances are videotaped and may be used for archival and/or promotional purposes.

Parent/Guardian Signature **Date**