



Northeast Dance Center

REGISTRATION AND RELEASE FORM
2015 – 2016 DANCE SEASON

STUDENT NAME: (Last)		(First)		DATE OF BIRTH:
ADDRESS:				
CITY:		STATE:		ZIP:
EMAIL:				
PARENT/GUARDIAN (EMERGENCY CONTACT #1)				PRIMARY PHONE# CIRCLE TYPE: CELL/HOME/WORK
PARENT/GUARDIAN (EMERGENCY CONTACT #2)				SECONDARY PHONE # CIRCLE TYPE: CELL/HOME/WORK
CLASS/LEVEL #1:		DATE/TIME:		
CLASS/LEVEL #2:		DATE/TIME:		
CLASS/LEVEL #3:		DATE/TIME:		
HOW DID YOU HEAR ABOUT US?				
ADDITIONAL INFORMATION:				

ALL STUDENTS OF NORTHEAST DANCE CENTER AND THEIR PARENTS/GUARDIANS (IF STUDENT IS A MINOR) AGREE TO THE FOLLOWING:

I certify that I am 18 years old or older or that I am the parent/legal guardian of my minor child. I am/my minor child is in good physical health (or under the care of a licensed health care professional) and am/is able to safely participate in classes and associated events provided by Northeast Dance Center. I also agree to inform Northeast Dance Center in writing of any pertinent changes to my/my minor child's health status.

I am aware that dance, as well as other activities associated, such as conditioning and stretching, is physical exercise and may cause stress on the body. I assume all risk to me, my child or my property while participating in classes and other events, and release Northeast Dance Center and its employees, contractors, volunteers, and all other agents from liability due to injuries or illnesses acquired during classes or participation in other events.

In the event that I cannot be reached in a medical emergency I authorize Northeast Dance Center to contact medical professionals to perform necessary treatment on my minor child and certify that I/my insurance will be responsible for payment of incurred fees.

I am also aware that Northeast Dance Center may take photographs or video recordings of me/my minor child to be used for publicity, advertising, or other purposes and release all such material for such use as the property of Northeast Dance Center.

In signing this I am also agreeing to have been made aware of NDC's policies and procedures, as well as the expectations for student behavior (see Classroom Etiquette).

Participant's Name: _____ Age: _____

Participant Signature (if over 18 years of age): _____

Parent or Guardian Signature: _____ Date: _____

Parent or Guardian Printed Name: _____

Please list any applicable health concerns (conditions, allergies, etc...):
