

DANCE EVOLUTION
2018 SUMMER REGISTRATION FORM

NEW Student _____

RETURNING Student _____

STUDENT LAST NAME: _____ STUDENT FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT 1: _____ PARENT 2: _____

PARENT 1 CELL: () _____ PARENT 2 CELL:() _____

OTHER GUARDIAN (IF APPLICABLE): _____ RELATIONSHIP: _____

OTHER GUARDIAN CELL:() _____

DANCER'S DATE OF BIRTH: _____ AGE: _____

SCHOOL: _____ GRADE: _____

FOOD ALLERGIES? YES/NO (PLEASE SPECIFY): _____

I GIVE PERMISSION FOR DANCE EVOLUTION TO USE MY CHILD'S PHOTOS AND VIDEOS ON ITS WEBSITE, INSTAGRAM, FACEBOOK, NEWSPAPER, TELEVISION OR ANY OTHER FORM OF ADVERTISING. YES/NO

SIGNATURE: _____

PLEASE PROVIDE A CURRENT EMAIL THAT YOU CHECK FREQUENTLY FOR UPDATES AND INFORMATION:

I AGREE THAT ALL PARTIES THAT TAKE CLASSES OR ATTEND DANCE EVOLUTION ALONG WITH ANY DANCE EVOLUTION EVENTS ARE VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES AND USE OF SAID PARKING LOT, ACTIVITIES, AND FACILITIES. I/WE ASSUME ALL RISK OF INJURY, DAMAGE AND ILLNESS. I

AGREE THAT I HAVE READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY.

SIGNATURE: _____ DATE: _____

CLASSES I AM INTERESTED IN

DAY: _____ TIME: _____

CLASSES I AM INTERESTED IN

DAY: _____ TIME: _____

SIGNATURE: _____ DATE: _____

PLEASE PRINT NAME AS SIGNED ABOVE: _____