

Vitality Dance Center, LLC
 Summer Registration Form

Date _____/_____/_____

Student Name _____

Date of Birth _____/_____/_____ Age _____ School _____ Grade _____

Mailing Address _____

City _____ State _____ Zip _____

Student Cell Phone _____ Text OK? YES NO Home Phone _____

Student Email _____

Parent/Guardian Name _____

Cell Phone _____ Text OK? YES NO Email _____

Parent/Guardian Name _____

Cell Phone _____ Text OK? YES NO Email _____

Emergency Contact Name _____

Relation to Student _____ Phone _____

Workshops/Classes Enrolled In	Day/Time	Instructor	Tuition Amount
1.			
2.			
3.			
4.			
5.			
Total Tuition Due			\$

Insurance

Vitality Dance Center, LLC does not carry any insurance for its students. As a condition to participate in any Vitality Dance Center activities, it is required that all dance students be covered by a medical insurance policy. If an injury occurs, it is understood that medical insurance coverage provided by the student or by the student's parent or guardian is the only source of coverage and reimbursement.

Medical Release

In the event I or the emergency contact I have listed below cannot be immediately reached, I hereby give my permission for any and all medical attention to be administered to me or my child in the event of an accident, injury, sickness, etc. I assume the full responsibility for payment of all medical treatment administered to me or my child.

Insurance Provider: _____ **Policy Number:** _____

Physician: _____ **Phone:** _____

Address: _____

Known Allergies/Medical Conditions: _____

Emergency Contact: _____

Waiver of Liability & Release of All Claims

I hereby give my child and/or myself permission to dance at Vitality Dance Center, LLC. As a participant in any program or class at Vitality Dance Center, LLC I recognize and acknowledge there are risks of injury, and I agree to assume the full risk of injuries, including death, damages or loss that I or my child may sustain as a result of participating in any activities connected with or associated with such program or class. I understand that I am enrolling myself and/or my child in a program of physical activity and have agreed that myself and/or my child are in good physical condition and do not suffer from any disability that would prevent or limit participation in this dance program.

I waive the right to any legal action and agree to waive, and release Vitality Dance Center, LLC, its owners officers, directors, employees, contractors, agents, representatives, guest teachers, volunteers, landlord, parents and students (each, a "Released Party") from all claims I or my child may have as a result of participating in any program or class associated with Vitality Dance Center, LLC.

I further agree to indemnify and hold harmless and defend Vitality Dance Center, LLC and each and every Released Party from my claims resulting from injuries including death, damages and losses sustained by me or my child that arise out of, in connection with, or in any way associated with activities conducted, promoted, sponsored by, or in any way organized by Vitality Dance Center, LLC.

I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE ABOVE INSURANCE STATEMENT, MEDICAL RELEASE AND WAIVER OF LIABILITY & RELEASE OF ALL CLAIMS

Parent/Guardian Signature: _____ **Date:** _____

(If under 18)

Parent/Guardian Name (Print): _____

Student Signature: _____ **Date:** _____

Student Name (Print): _____

(Entry in the fields above is considered an electronic signature)

Photo Release

Students of Vitality Dance Center, LLC may be photographed or videotaped (“Media”) during class and at various dance performances and community events. Photos and video will be used in brochures, websites, social media, advertisements, and other promotional material created by or for the studio. They may also be used as a learning tool for class, such as learning a routine. Photos may appear with or without names in press releases and other print advertising. No financial compensation shall be given for use of any photographs or video.

On behalf of myself and my child, I hereby release any interest I, or my child may have in any such Media and I consent and give full rights to Vitality Dance Center, LLC, its staff, or anyone authorized by Vitality Dance Center, LLC to use any and all photographs and or video images which have been taken of me and or my child for studio promotional purposes and class use only.

I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE ABOVE PHOTO RELEASE

Parent/Guardian Signature: _____ **Date:** _____

(If under 18)

Parent/Guardian Name (Print): _____

Student Signature: _____ **Date:** _____

Student Name (Print): _____

(Entry in the fields above is considered an electronic signature)

Thank you for registering! We look forward to dancing with you!

Vitality Dance Center, LLC

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info@vitalitydancecenter.com

Office Use Only

<u>Reg Fee Paid</u>	<u>Completed & Signed</u>
Cash _____ CK # _____	Reg Form _____ Liability/Medical Release _____ Photo Release _____
PayPal _____	Studio Policies/Procedures _____ File Created _____
	9/20/17