

**Vitality Dance Center, LLC  
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 \_\_\_\_\_

Classes Enrolled In	Day/Time	Instructor	Tuition Amount
1.			
2.			
3.			
4.			
5.			

**Registration Fee: \$25 per student, per dance year (Sept – June)**  
 Shirt (tank or t-shirt) included with your registration fee.

**Total Tuition Due** \$ \_\_\_\_\_

**Winter & Spring Performance Participation:** Yes \_\_\_\_\_ No \_\_\_\_\_ \*Not Sure \_\_\_\_\_ (Decision Deadline Oct. 1<sup>st</sup>)

\* If you select "not sure," you will be required to make a YES or NO decision on or before the Decision Deadline.

How Did You Hear About Us? \_\_\_\_\_

Select One: Tank \_\_\_\_\_ T-Shirt \_\_\_\_\_ \* Youth XSC may/may not be available depending on stock. If wanted, we will check availability.

Shirt Size: Youth SM \_\_\_\_\_ Youth Med \_\_\_\_\_ Youth LG \_\_\_\_\_ Youth XL \_\_\_\_\_  
 Adult SM \_\_\_\_\_ Adult Med \_\_\_\_\_ Adult LG \_\_\_\_\_ Adult XL \_\_\_\_\_ Adult XXL \_\_\_\_\_

**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):** \_\_\_\_\_

**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):** \_\_\_\_\_

**Studio Information, Forms and Policies**

This registration form and all other forms included with this registration need to be filled out completely, signed and returned to Vitality Dance Center, LLC before class participation can begin. Once registered, a student file will be created for you and stored in the studio lobby. It will contain items such as studio correspondence, newsletters and your studio handbook. You will have full access to your file. Please check it often. Any forms containing personal information will not be included in these files. They will be securely stored elsewhere. If you need to update any information provided on this registration form, please notify Vitality Dance Center, LLC as soon as possible. Having current and correct information is very important.

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

**Vitality Dance Center, LLC**

PO Box 1761 • 14703 1<sup>st</sup> Lane NE #201, Duvall, WA 98019 • (425) 844-1642 • vitalitydancecenter.com  
info@vitalitydancecenter.com

Office Use Only

<b><u>Reg Fee Paid</u></b> Cash _____ CK # _____ PayPal/Square _____	<b><u>Completed &amp; Signed</u></b> Reg Form _____ Liability/Medical Release _____ Photo Release _____ Studio Policies/Procedures _____ File Created _____
--	---

8/18/18