



**2019 Summer Class Registration Form**

**Student Information**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of Person responsible for paying fees: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Location: \_\_\_\_\_

**Medical**

Allergies: \_\_\_\_\_

Will your child require any special medical attention during a normal class: (yes/no): \_\_\_\_\_

If yes – Explain: \_\_\_\_\_

**Legal Release and Policy Acceptance (please initial)**

\_\_\_ I/we understand the Studio Policies                      \_\_\_ I/we understand my billing obligations

\_\_\_ I/we understand my responsibilities for my property

\_\_\_ I/we understand the dress code                              \_\_\_ I/we understand the schedule

\_\_\_ I/we give media use rights permission                      \_\_\_ I/we understand the attendance policy

**Waiver of Liabilities for all activities at Clarion Dance & Tumbling Academy**

I, \_\_\_\_\_, (parent/guardian's name) hereby give my child \_\_\_\_\_, (child's name) permission to dance, tumble/do gymnastics or participate in any other type of activity at Clarion Dance & Tumbling Academy. I waive the right to any legal action against Clarion Dance & Tumbling Academy for any injury sustained on studio property or at a Clarion Dance & Tumbling Academy event. I understand that I am enrolling my child in a program of physical activity and have agreed that my student is in good physical condition and does not suffer from any disability that would prevent or limit participation in the program offered.



### Medical Release Form

I, \_\_\_\_\_, (parent/guardian's name) hereby give permission for any and all medical attention be administered to my child, \_\_\_\_\_ (child's name), in the event of accident, injury, sickness, etc. and under the direction of a physician listed below or at any necessary emergency facility, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

INSURANCE COMPANY:

\_\_\_\_\_

POLICY NUMBER:

\_\_\_\_\_

CHILD'S PHYSICIAN:

\_\_\_\_\_

PHONE: \_\_\_\_\_ KNOWN ALLERGIES: \_\_\_\_\_

### PHOTO RELEASE FORM & AGREEMENT

I give full rights to the Clarion Dance & Tumbling Academy(CDTA) and its staff to use pictures and video images of me or my child to use for promotional purposes of CDTA only. Photos and videos will be used in brochures, websites, advertisement and other promotional material created by the studio. Photos may appear with or without names in the press release and other print advertising.

I have read, understand and agreed to the above stated waiver of liability, medical and photo release.

\*I have also read and understand the "Clarion Dance & Tumbling Academy policies and information." I understand I will be held responsible for all tuition, costume payments and other expenses and late fees as listed.

**I have read the release of Waiver Liability, Assumption of Risk and Indemnity Agreement, I understand that I have given up substantial rights by signing it and have signed it freely and without inducement or assurance of any nature and intend to be a complete and**



**unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance remaining shall continue in full force of effect.**

**Parent's printed name** \_\_\_\_\_

**Parent's**  
**signature** \_\_\_\_\_ **Date** \_\_\_\_\_