

Dells Dance Center

Parent's Name: _____

Phone 1 _____ Phone 2 _____ Email: _____

Mailing address: _____

Emergency Contact person _____ Phone # _____

Dancer's name 1 _____ D.O.B. _____

Dancer's name 2 _____ D.O.B. _____

Dancer's name 3 _____ D.O.B. _____

Dance Class 1 _____

Dance Class 2 _____

Dance Class 3 _____

How did you hear about Dells Dance Center? _____

Tuition _____ Amount paid _____

Liability Waiver

I _____, the undersigned, in behalf of _____

being aware of his/her own health and physical condition, and having knowledge that my participation in any exercises program be injurious to his/her health, am voluntarily participating in a dance activity.

Having such knowledge, I hereby acknowledge this release, any representatives, agents, and successors from liability for accidental injury or illness which he/she may incur as a result of participating in the said dance activity. I hereby assume all risks connected therewith and consent to participate in said program. I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect he/she ability to participate in said dance program.

Signature: _____ Date: _____