SpectorDance

Office Use Only	
Registration Date: _____	Database: _____
Registration Paid: _____	Email: _____

Fran Spector Atkins, Artistic Director

SPECTORDANCE SCHOOL YEAR 2009-2010 REGISTRATION FORM

STUDENT'S INFORMATION

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____ DATE OF BIRTH _____ AGE _____

PLEASE NOTE ANY PREVIOUS DANCE EXPERIENCE _____

PLEASE NOTE ANY MEDICAL, PHYSICAL OR OTHER CONDITIONS THAT COULD HELP SPECTORDANCE BEST ACCOMMODATE THE STUDENT _____

CLASSES AND WORKSHOPS (PLEASE CHECK ALL THAT APPLY)

☐ Pre-Ballet/Jazz Intro ☐ Pre-Ballet/Tap ☐ Pre-Ballet ☐ Jazz Technique ☐ Ballet I ☐ Ballet II ☐ Ballet III/IV

☐ Ballet V/VI ☐ Beg. Pointe ☐ Int. Pointe ☐ Int/Adv Ballet ☐ Adult Ballet ☐ Jazz Performance Group

☐ Hip Hop Workshop ☐ Yoga & Natural Health Workshop

☐ Please note other interests: _____

STUDENT'S HOME MAILING ADDRESS AND CONTACT INFORMATION

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____ EMAIL ADDRESS (ALL UPDATES SENT VIA EMAIL) _____ EMAIL ADDRESS (ALL UPDATES SENT VIA EMAIL) _____

PARENT'S/LEGAL GUARDIAN'S OR SPOUSE'S INFORMATION

LAST NAME _____ FIRST NAME _____ DAYTIME PHONE _____ CELL PHONE _____

LAST NAME _____ FIRST NAME _____ DAYTIME PHONE _____ CELL PHONE _____

EMERGENCY CONTACT'S INFORMATION (MUST BE AVAILABLE AS AN EMERGENCY CONTACT DURING SCHEDULED PROGRAMS & CLASSES)

LAST NAME _____ FIRST NAME _____ DAYTIME PHONE _____ CELL PHONE _____

SPECTORDANCE INFORMED CONSENT AND LIABILITY WAIVER AGREEMENT

The following Informed Consent and Liability Waiver Agreement is designed for the protection of SpectorDance and for the personal health and safety of all students and representatives of SpectorDance. Please read and sign this agreement. Students will not be able to participate without a signed agreement.

I, _____, registered student at SpectorDance, declare that I intend to actively participate at SpectorDance and I understand that each person (myself included) has a different capacity for participating in such activities. I assume full responsibility during and after my participation and for my choice to use or apply, at my own risk, any portion of the information or instruction I receive.

I hereby waive/release SpectorDance representatives and/or volunteers and all others from any and all responsibility or liability from injuries or damages including those caused by negligent acts or omission, or connected with my participation in any of the programs, classes or class activities, or performances. I understand that I may ask any questions or request further explanation or information about the programs, classes or class activities, or performances at any time, before, during or after my participation.

I declare that I have read, understand and agree to the contents of this Informed Consent and Liability Waiver Agreement in its entirety.

STUDENT NAME _____ (Please print) SIGNATURE _____ (Parent or Guardian signature if student is under 18) DATE _____