



Office Use Only

Registration Date: _____ Database: _____

Registration Paid: _____ Email: _____

Fran Spector Atkins, Artistic Director

SPECTORDANCE SUMMER 2009 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 Ballet I Ballet II Ballet III Ballet IV Ballet V/VI Beg. Adult Ballet
Int. Adult Ballet Beg. Pointe Int. Pointe Hip Hop Pre-Ballet/Tap Combo Music & Movement
Tap Workshop Yoga Workshop Modern Workshop Lyrical 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