



Office Use Only	Rec #: _____	Term:
Registration Date: _____		Fall ____ Spring ____
Registration Paid: _____	Database: _____	Summer _____

SPECTORDANCE SCHOOL YEAR 2019-2020 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)

- | | | | | | | |
|--|---------------------------------------|---------------------------------------|---------------------------------------|------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Creative Movement | <input type="checkbox"/> PrePrimary A | <input type="checkbox"/> PrePrimary B | <input type="checkbox"/> Ballet I | <input type="checkbox"/> Ballet II | <input type="checkbox"/> Ballet III | <input type="checkbox"/> Ballet IV |
| <input type="checkbox"/> Ballet V | <input type="checkbox"/> Int. Ballet | <input type="checkbox"/> Pointe | <input type="checkbox"/> Adult Ballet | <input type="checkbox"/> Hip Hop | <input type="checkbox"/> Musical Theater | |
| <input type="checkbox"/> Jazz | <input type="checkbox"/> Modern | <input type="checkbox"/> Contemporary | <input type="checkbox"/> Zumba | <input type="checkbox"/> Yoga | <input type="checkbox"/> ATS Belly Dance | |

How did you hear about SpectorDance? _____

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 _____ SIGNATURE _____ DATE _____
Please print Parent or Guardian signature if student is under 18

SpectorDance Policies

(please print your name if you are over 18, or parent's name if student is under 18)

I, _____ have received, read and understand all studio policies, I will be held accountable for all included policy information.

(Name of Student)

(Signature required/ If under 18, parent/guardian must sign)

SpectorDance Photo Release

I, _____, give SpectorDance
(name of student/or parents name if under the age of 18)

the absolute right and permission to use my (or son's/daughter's) photograph(s) in its promotional materials and publicity efforts. I understand that the photograph(s) may be used in a publication, print ads, direct-mail piece, electronic media (e.g., video, CD-ROM, Internet, WWW, Facebook, Instagram), or other form of promotion. I release SpectorDance, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

(Name of Student)

(Signature required/ If under 18, parent/guardian must sign)

I do not want my picture used / I do not give you permission

We are always looking for Housing for Guest Artist. Do you have a spare room? Can we add you to our list of families to ask when needed? _____