

INCLUSION DANCE SUMMER REGISTRATION

(Please print legibly)

Student's Name: _____

Date of Birth: ____/____/____ Phone number: _____

Parent 1 Name, Email & Cell Phone: _____

Parent 2 Name, Email & Cell Phone: _____

Street Address: _____ City: _____ Zip: _____

Returning Student? _____ New Student? _____ Experience _____

How did you hear about us? _____

Please list your class selections below:

First class (description & day): _____ Class Time: _____

Addl. Class (description & day): _____ Class Time: _____

Addl. Class (description & day): _____ Class Time: _____

Addl. Class (description & day): _____ Class Time: _____

I have read and understand the Studio Policies and Information as well as Inclusion Dance Vision and Values (located on the website). Enclosed is my 20% down payment of _____.

Parental Signature: _____

MEDICAL AUTHORIZATION, RISK NOTIFICATION, LIABILITY WAIVER AND PHOTOGRAPHY POLICY

Emergency Contact: _____ Home #: _____

Mobile #: _____ Work #: _____

Family Physician/Clinic: _____ Phone #: _____

Allergies? _____

Any health problems that may interfere with the activity registered for? _____

In case of injury or illness and a parent cannot be reached, the staff of Inclusion Dance (Carlton Halesmore LLC) may authorize medical treatment for the above named student. I understand that because dance and the arts involve motion, there is a risk of injury. I, and my heirs, hereby release Inclusion Dance (Carlton Halesmore LLC); its employees, instructors, and owners, from any liability for damages, injury or medical expenses, which may occur as a result of my child's participation. My child has no problems that might compromise his/her safe involvement. Inclusion Dance (Carlton Halesmore LLC) may use photos of participants for promotional purposes. By registering for one of our programs, you have granted permission to use your child's photograph for promotional purposes unless otherwise noted.

Parental Signature: _____ Date: _____