## 2018/2019 INCLUSION DANCE REGISTRATION (Please print legibly)

Date of Birth:/ Main 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:		
Parental Signature:			
EN	1ERGENCY CONTACT		
Emergency Contact Other Than Parent Listed Above:			
Home #: Mobile #:	Work #:		
	CATION, LIABILITY WAIVER AND PHOTOGRAPHY POLICY		
Allergies/ health problems that may interfere with the ac	tivity registered for?		
medical treatment for the above named student. I under injury. I, and my heirs, hereby release Inclusion Dance (Caliability for damages, injury or medical expenses, which nut that might compromise his/her safe involvement. Inclusion	d, the staff of Inclusion Dance (Carltin Halesmore LLC) may authorize stand that because dance and the arts involve motion, there is a risk of arltin Halesmore LLC); it's employees, instructors, and owners, from any nay occur as a result of my child's participation. My child has no problems on Dance (Carltin Halesmore LLC) may use photos of participants for rams, you have granted permission to use your child's photograph for		
Parental Signature:	Date:		