

# *B\*Dazzled Dancers 2017 Summer Registration Form*

Please fill out one form per child.

Student Name \_\_\_\_\_ Age as of 7/1/17 \_\_\_\_\_

**Registration:** To register your child, complete both sides of this form and initial each paragraph. Turn it in to the studio or scan and email it in. There is no registration fee for Summer Programs.

**Payments:** Summer tuition fee is non refundable and due at the time of registration. If you wish to pay tuition by check a \$20.00 fee will be charged for a returned check. No refunds will be given for dancers absence \*\* \_\_\_\_\_

Please initial here to have the Summer tuition fee pulled from your credit card listed below or card on file\*\* \_\_\_\_\_

I give permission for B\*Dazzled Dancers to take photos of me or my child while participating in B\*Dazzled Dancers activities for promotional purposes. Names of students will not be used or disclosed. I understand that for the safety of our dancers and their families, all photos and or videos of B\*Dazzled Dances classes, rehearsals and/or performances, including dancers in B\*Dazzled Dancers costumes, will not be published or posted publicly, in printed or electronic format, without the express written permission of B\*Dazzled Dancers and the Director.

**Agreement:** Parent or legal guardian has read all of the above information and agrees upon these terms and conditions.

Signature of parent or Legal Guardian Date \_\_\_\_\_

Name on Checking Account or Credit Card Account \_\_\_\_\_

Account # \_\_\_\_\_ Routing or CVC Code for cards \_\_\_\_\_ Exp \_\_\_\_\_

Program (Camp or Classes)	Start Date	Extended Care Needed (For Camp only)	Program Total	Discount	Total Due (please total up all programs at bottom)
<i>Ex: Dory &amp; Ariel Camp</i>	<i>July 10th</i>	<i>No</i>	<i>\$185</i>	<i>\$20/June 1st</i>	<i>\$165</i>
				Grand Total Due	

# B\*Dazzled 2017 Summer Registration

## B\*Dazzled Dancers Release Form

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_

### RELEASE FROM LIABILITY, WAIVER OF CLAIMS & ASSUMPTION OF RISK

By signing this Release, Waiver & Assumption of Risk, (the "Release") I agree that The B\*Dazzled Dancers LLC shall not be responsible for any injury suffered by the student("student"). The Release extends to the B\*Dazzled Dancers Dance Studio, and its owners, instructors and employees (all of which are collectively referred to herein as "studio"). The Release extends to every claim, demand or liability of any kind based on any injury or damage described below.

I understand that dance and tumbling activities as conducted and taught at the studio have inherent risks of injury. These risks include muscle pain and pulls, broken bones, ankle injuries and other personal injury. I recognize that the student is exposing himself/herself to such risks when undertaking dance activities. I understand that these risks cannot be fully eliminated without jeopardizing the essential qualities of the activity. The student and I assume and accept all risks of injury or damages resulting from such dance activities. The student's participation in this activity is purely voluntary, and the student elects to participate, and I join in that election in spite of the risks.

I also agree that the studio, including its owner, instructors and employees, is not responsible for any property loss or damage suffered by the student or any guests or parents of the student that results upon entry into or presence in the studio or its surrounding property.

I further understand that I have been advised on the need for the student to be covered by adequate insurance to cover any injury or damage that may be suffered while participating, and I have obtained such insurance or have agreed to bear the costs of any such injury or damage myself.

I understand the terms of this Release and have had the opportunity to consider and discuss it with such individuals and advisors as I deem appropriate. By signing and dating this Release, I confirm that I have read the Release in full, that I understand its terms and that I agree with those terms. I further confirm that by signing this Release, I acknowledge that if the student is hurt during participation in this activity, I may be found by a court of law to have waived my right and any right of the student to maintain a lawsuit against the studio on the basis of any claim which is released hereby. In consideration of the student's being permitted by the studio to participate in the activities provided by the studio, I further agree to hold harmless and indemnify the studio from any and all claims which are brought by or on behalf of any student who is a minor and which are in any way connected with the activities performed at the studio by any such minor student.

Parent Name: \_\_\_\_\_ Parent Signature \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

E-mail(Print Clearly, this is how all notices are sent!) \_\_\_\_\_

Emergency Contact Name & Phone Number (please print): \_\_\_\_\_

Physician's Name & Phone Number: \_\_\_\_\_

How did you find out about B\*Dazzled?

Internet Search \_\_\_\_\_ Drive By \_\_\_\_\_ Other \_\_\_\_\_

Referred by B\*Dazzled Student (if yes who?) \_\_\_\_\_