***Media Release / Liberaciòn de Medios***

**ENGLISH**

I, the undersigned individual/company, agree to waive all rights relative to the transmission and publication of all images recorded on any media by Everything Goes Dance Corp. or its assigns, for the sole use by Everything Goes Dance Corp. I agree that these images may be used for the intended publication, promotion, marketing and any other requirements of the company.

All negatives, prints and electronic files recorded by Everything Goes Dance Corp, shall be the sole property of Everything Goes Dance Corp, and no other use of the images shall be permitted without the express written consent of Everything Goes Dance Corp.

**ESPAÑOL**

Yo, individual/ compañia, doy a entender que renuncio a mis derechos relacionados a la Transmission y publicación de todas mis imagines grabadas en cualquier grabacón que Sea parte de EVERYTHING GOES DANCE CORP. o sus asignadores, para el único uso de EVERYTHING GOES DANCE CORP. Yo estoy de acuerdo que estas imagines pueden ser usadas para la publicación, promoción, mercadeo y cualquier otro requisitos de la compañía.

Todos los negativos, impresiones y archivos electrónicosgrabados por EVERYTHING GOES DANCE CORP., seran propiedad única de EVERYTHING GOES CORP., y no otro de las imagines seran permitidas sin el concentimiento o permiso escrito de EVERYTHING GOES DANCE CORP.

**IF A MINOR / SI ES MENOR**

\*\*\*Print minor’s name / Nombre del menor ( imprimido**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date / Fecha \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s signature / Firma del padre/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF AN ADULT / SI ES ADULTO**

\*\*\*Name (printed) / Nombre ( imprimido)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date / Fecha \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature / Firma \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Medical Liability Waiver\***

**Student’s Name/ Nombre de Estudiante:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ENGLISH**

Dance classes can be strenuous at times and it is recommended that all participants carry personal health and accident insurance. In the event of an injury or illness, The Everything Goes Dance Studiois not responsible for any medical expenses that might be incurred.

Should any accident or illness occur while I am participating in an Everything Goes Dance Studio sponsored activity, I acknowledge that I am personally responsible for any medical expenses which might be incurred.

I do hereby authorize the Everything Goes Dance Studio to give permission for the performance of medical examination and necessary treatments (including tests, x-rays, medicine, etc) as may be deemed necessary by the physician in attendance. The consent shall be in effect for the period of time that my son/daughter is enrolled as a student in Everything Goes. If any emergency arises requiring a major surgical procedure, the program will attempt to reach me and be guided by my wishes. If I cannot be reached, I authorize the attending physician to act as medical judgment may dictate.

**ESPAÑOL**

El baile a veces puede ser un poco duro y es recomendado que los participantes cargen

con su seguro de salud en caso de que se lastimen o se sientan mal. En caso de una enfermedad o de que se lastimen, EVERYTHING GOES DANCE STUDIO no es responsable por cualquier gasto que pueda ocurrir.

Si llega a pasar cualquier accidente mientras paticipo en una actividad en EVERYTHING GOES DANCE STUDIO, estoy de acuerdo que soy personalmente

responsable por cualquier gasto que pueda ocurrir.

Yo autorizo a EVERYTHING GOES DANCE STUDIO que le de permisso al doctor para cualquier tratamiento necesario ( incluyendo examenes, rayos-x, medicina,etc.) que sea recomendado por el doctor. Esto tomará efecto desde el dia en que el estudiante este inscrito en el studio EVERYTHING GOES DANCE & DRAMA. Si sucede una emergencia que requiera un procedimiento de cirugia, el programa tratará de contactarme para saber mis deseos. Si no puedo ser contactado(a), yo autorizo al doctor a actuar con las medidas necesarias que sean indicadas.

**IF A MINOR / SI ES MENOR**

\*\*\*Print minor’s name / Nombre del menor ( imprimido**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date / Fecha \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s signature / Firma del padre/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF AN ADULT / SI ES ADULTO**

\*\*\*Name (printed) / Nombre ( imprimido)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date / Fecha \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature / Firma \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVERYTHING GOES DANCE STUDIO – ENROLLMENT FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Nombre del**  **Estudiante** | |  |  | |  | | |  | |  | | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | |  | |  | |  | |
| **Edad** | | | | | | | | | | | | **Fecha de Nacimiento** | | | | | | | | | | | | | | | | | | | | **Grado** | | | | | | |  | | **Niña/Mujer**  🗖 | | | | | | | | | **Niño/Hombre**  🗖 | | | | | | | |
| **Nombre de**  **Padre (s)** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Domicilio** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Cuidad Código postal teléfono** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nombre de persona pagando por las clases** | | | | | | | | | | | | | | | **Nombre** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Telefono:** | | | | | | | | | | | | | | | **Domicilio Cuidad Codigo postal** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tel. de trabajo de madre** | | | | | | | **Cellular de madre** | | | | | | | | | | | | | | | | | **Tel. de trabajo de padre** | | | | | | | | | | | | | | | **Cellular de padre** | | | | | | | | | | | | | | | | | | |
| **Madre/**  **Correo elec.** |  |  | |  | |  | | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  |  |  | |  | |  | |  |  | |  | |  | | |  |  | |  | |  | |  | |  | |  | |  |
| **Padre/**  **Correo**  **Elec.** |  |  | |  | |  | | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  |  |  | |  | |  | |  |  | |  | |  | | |  |  | |  | |  | |  | |  | |  | |  |
| **Por favor: Apunten las clases que desea tomar abajo:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Clases** | | | | | | | | **Dia y Tiempo** | | | | | | | | | | | | | | | | | | | **Clases** | | | | | | | | | | | | | | | **Dia y Tiempo** | | | | | | | | | | | | | | | |
| 1. | | | | | | | |  | | | | | | | | | | | | | | | | | | | 6. | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 2. | | | | | | | |  | | | | | | | | | | | | | | | | | | | 7. | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 3. | | | | | | | |  | | | | | | | | | | | | | | | | | | | 8. | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 4. | | | | | | | |  | | | | | | | | | | | | | | | | | | | 9. | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 5. | | | | | | | |  | | | | | | | | | | | | | | | | | | | 10. | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **INFORMACION ADDITIONALE (Debe ser completado)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contacto de Emergencia**  **(alguien mas que padres)** | | | | | | | | **Nombre** | | | | | | | | | | | | | | | | | | | | | | | | | | **Relation al estudiante** | | | | | | | | | | | | **#Tel. de casa** | | | | | | | | | | | |
| **# cellular** | | | | | | | | **Domicilio** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| **Tiene su hijo/a algun problema medical?**  SI 🗖 NO 🗖 : Que si, por favor explique: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Apunte medicinas que tome su hijo/a** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Como supo de nosotros** referencia 🗖 por quien?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Paginas amarillas 🗖 Internet/Correo electronico 🗖 Una presentacion de nosotros 🗖 Folleto 🗖 Periodico 🗖 Otro/ por favor explique 🗖 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ha tomado clases en otro lugar? Que si, cuando y donde?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |