

# Becky's School of Dance, Inc.

## Fall Registration Form

Your \$25 Registration Fee- per dancer - is Due with This Form

**STUDENT'S LAST NAME:**

PARENT/GUARDIAN #1 NAME:	PARENT/GUARDIAN #2:
HOME PHONE:	HOME PHONE:
WORK PHONE:	WORK PHONE:
CELL PHONE:	CELL PHONE:
ADDRESS:	ADDRESS:
PLACE OF EMPLOY:	PLACE OF EMPLOY:
E-MAIL ADDRESS:	E-MAIL ADDRESS:

	STUDENT FIRST NAME	DATE OF BIRTH	CLASS	CODE	COSTUME FEE	CHECK #	DATE
1.			T/J T/B L B J H				
2.			T/J T/B L B J H				
3.			T/J T/B L B J H				
4.			T/J T/B L B J H				
5.			T/J T/B L B J H				
6.			T/J T/B L B J H				
7.			T/J T/B L B J H				
8.			T/J T/B L B J H				
9.			T/J T/B L B J H				
10.			T/J T/B L B J H				

\*YOU ONLY NEED ONE FORM PER FAMILY

\*\*FILL OUT ONE LINE PER STUDENT/PER CLASS

\*\*\*THE REVERSE SIDE OF THIS FORM NEEDS TO BE COMPLETED FOR REGISTRATION

\*\*\*\*ON THIS FORM, LIST ANY DAYS/TIMES YOU CANNOT ATTEND...WE WILL DO OUR BEST TO ACCOMMODATE

	AMOUNT	CHECK #	DATE	INITIALS
S				
O				
N				
D				
J				
F				
M				
A				
M				

**TOTAL # OF HOURS**

**Becky's School of Dance, Inc.**  
Participation Agreement  
Release of Liability and Medical Authorization

**Child #1 Name**

List and Physical/Mental Condition that we should be aware of:

**Child #2 Name**

List and Physical/Mental Condition that we should be aware of:

**Child #3 Name**

List and Physical/Mental Condition that we should be aware of:

**Child #4 Name**

List and Physical/Mental Condition that we should be aware of:

**\*\*DOCTOR'S NAME:**

**DOCTOR'S PHONE #:**

1. The undersigned student or parent/guardian hereby consents to myself or child(ren)'s participation in the classes, programs, rehearsals, and performances ("Activities") at Becky's School of Dance, Inc. or contracted theatre space. In consideration of my child(ren)'s participation in such Activities, in addition to the payment of any fee, I do hereby waive, release, and forever discharge Becky's School of Dance, Inc. and it's officers, agents, employees, instructors, and all others ("Releasees") that are a part of Becky's School of Dance, Inc. from any and all responsibilities or liability for injury or damages resulting from my child(ren)'s participation in any Activities. I do also release all of the Releasees from any responsibility or liability for any injury or damage to myself and my child(ren), arising out of or connected with my or my child(ren)'s participation in any Activities with Becky's School of Dance, Inc.
2. Furthermore, I agree to indemnify the Releasees and each of them from any loss, claim, damage, suit, costs, or expenses, including attorney's fees and court costs, resulting from or arising out of any injury to any person or damage to any property, caused by the participation of Releasor or Releasor's child(ren) in any Activities at Becky's School of Dance, Inc.
3. I further acknowledge that training and performing dance is a potentially hazardous activity. I also understand that such Activities involve risk of injury and even death and that I am voluntarily participating or voluntarily enrolling (or have enrolled) my child(ren) in these Activities with knowledge of the dangers involved. I hereby agree to expressly assume and accept full responsibility for the risks of bodily injury or death while Releaseor or Releasor's child(ren) participates in any Activities with Becky's School of Dance, Inc.
4. I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Ohio, and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
5. I further authorize Becky's School of Dance, Inc. and it's employees to seek medical attention for myself or my child(ren), if in the judgment of the staff members it should be necessary. In the event my child(ren) should require medical attention and/or treatment during the course of any Activities and after a reasonable attempt I cannot be contacted for the purpose of consenting to such treatment in a timely manner, I hereby give permission to any hospital, physician, and/or appropriate health care provider selected by the staff members to undertake any form of medical treatment considered necessary or appropriate by such provider in such event.  
Furthermore, If my child(ren)/dancer(s) are injured at our May performance, I permit him/her/them to be examined and/or treated by a staff member and/or doctor from Northwest Ohio Ortopedics and Sports Medicine, Inc. who is/will be on site.
6. Becky's School of Dance, Inc., and it's Releasees do not accept responsibility of your child(ren) or their actions before/after their assigned class time. Please make sure you are with them on premises before/after their class times.
7. I permit to Becky's School of Dance, Inc. to use my dancer(s) photograph for use in advertising or for on Facebook and understand that our classrooms may/may not be video taped with audio for use only by our studio.
8. Becky's School of Dance, Inc., and it's Releasees have the right to refuse a dancer or dance family we feel we can no longer serve to the best of our abilities.
9. I have read the Becky's School of Dance, Inc. brochure and understand and agree to all policies and pricing set forth.

Date

Signature (student if over 18 years old or Parent/Guardian)