

# Student Information

Name \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work/Cell # \_\_\_\_\_

Father's Name \_\_\_\_\_ Work/Cell # \_\_\_\_\_

Email address \_\_\_\_\_

EMERGENCY CONTACT (Other than Parent/Guardian):

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Parent Authorization  \_\_\_\_\_ Date \_\_\_\_\_

## Class Choices for 2020-2021

Day	Time	Class (Ballet/Tap, Jazz, Hip-Hop, etc.)

Mail or bring this form along with payment for registration fee and last month's tuition to:  
Dance Connections . 38619 FM 1774 . Magnolia, TX 77355

Please call 281-356-1822 if you have any questions.

### **DC Policies and Procedures Agreement**

I, \_\_\_\_\_, am agreeing to abide by Dance Connections Policies and Procedures located in my registration packet, on the DC Website and at the receptionist desk.

### **Photo Release Agreement**

I, \_\_\_\_\_, give Dance Connections my full authorization to use still photos or videos of my son/daughter, \_\_\_\_\_, taken while participating in any activities related to Dance Connections. I give my full consent to have any still photos and/or videos used by Dance Connections for publicity purposes including the Dance Connections website, Facebook, Twitter, or Instagram. I understand that I will receive no compensation for the use of any still photos and/or videos. If at any time I want to discontinue the use of any still photos and/or videos for such use, I understand it is my responsibility to contact the owner of Dance Connections to withdraw this consent.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Accident Policy Agreement**

I understand that I have enrolled the above child in a program of physical activity for Dance Connections, DBA & DC Dance, LLC. I realize that participants are under no pressure to physically exert themselves beyond his/her capacity and it is the parents and/or participants responsibility to use personal judgment concerning the degree of their participation in all activities. I, the child`s parent and/or legal guardian represent that I understand the nature of the activities and that the above named child is qualified, in good health, and in proper physical condition to participate in such activities and that I am authorized to sign this Release and Waiver. I fully understand that the activities involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by the child`s own actions, inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releases” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my child`s participation in the activities. I hereby release, discharge, and covenant not to sue Dance Connections, DBA and DC Dance, LLC, or their respective employees, and other participants (the “Releases”) from all liability, claims, demands, losses, or damages, on the child`s account caused or alleged to be caused in whole or in part by the negligence or the Releases or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk of the child or anyone on the child`s behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost, which any may incur as the result of such claim, including without limitation litigation expenses and attorneys` fees. By signing this release form, I/we (the dancer and parent/guardian) assume all risks related to the use of any and all spaces used by Dance Connections.

X \_\_\_\_\_ (Parent or Legal Guardian Signature)

X \_\_\_\_\_ (Parent or Legal Guardian Print)