



SUMMER REGISTRATION

955 El Camino Real, Suite 1-B, Atascadero

(805)434-9500

danceonmainst@gmail.com

Student(s)/Dancer(s) Information-

Last Name: _____ First Name: _____

Sibling Last Name if applicable: _____ First: _____

Returning students may list "same" if there are no changes to your information.

Birth Date: _____ Age: _____ Male: _____ Female: _____

Sibling Birth Date: _____ Age: _____ Male: _____ Female: _____

Medical Condition/Concerns: _____

Parent/Guardian Information-

Last Name: _____ First Name: _____

Returning families may list "same" if there are no changes to your information.

Address: _____ City: _____ Zip: _____

Email: _____

Print clearly. Billing/communication done through email.

Cell#: _____ Work#: _____ Other# _____

*Please list additional classes on a separate paper.

Class name:	Day:	Time	Price/month
1.			\$72 (1 hour/week)
2.			\$130 (2 hours/week)
3.			\$190 (3 hours/week)
4.			\$230 (4 hours/week)
5.			\$270 (5 hours/week)
6.			\$310 (6 hours/week)
7.			\$350 (7+ hours/week)

Camp/Workshop	Dates	Time	Price
1.			
2.			
3.			
4.			
5.			

Release from Liability, Waiver of Claims & Assumption of Risk

Read and initial all sections, sign the bottom.

By signing this **Release, Waiver & Assumption of Risk**, I agree that Main Street Dance Company (MSDC) shall not be responsible for any injury suffered by the student. The release extends to the MSDC owners, instructors, and employees (all of which are collectively referred to as "studio"). The release extends to every claim, demand or liability of any kind based on any injury or damage described below. **Initial:** _____

Risks/Injury: I understand that dance 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 these activities. I understand that 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 participation in this activity is purely voluntary, and the student elects to participate, and I join in that election, in spite of the risks. **Initial:** _____

Damages: I also agree that the studio, including its owners, 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. **Initial:** _____

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

Terms: 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, I understand its terms, and 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 in a court of law to have waived my right and any right of the student to maintain a lawsuit against the studio or instructors on the basis of any claim which is released hereby. In consideration of the student's being permitted by the studio to participate in these activities, I further agree to hold harmless or indemnify the studio from any and all claims brought on behalf or by any student who is a minor, which are in any way connected with the activities performed at said studio. **Initial:** _____

Photos: I grant permission for my child's photo or recording, or my own photos or video recording, to be used in any and all publications and marketing of Main Street Dance Company. I release liability from all photographers and the studio. **Initial:** _____

Student name: _____ Date: _____

Parent signature: _____ Print name: _____

Emergency Contact: _____ Phone # _____