



Wheaton Studio of Dance

REGISTRATION FORM



Student Name:	Birthday: / /
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FAMILY INFORMATION

Address: _____

City: _____

State: _____

Zip Code: _____

Name of Parent/Guardian # 1: _____

Relation: _____ Phone # () - _____ Email: _____

Name of Parent/Guardian # 2: _____

Relation: _____ Phone # () - _____ Email: _____

Emergency Contact Name: _____ Emergency Contact Phone # () - _____

CLASS REGISTRATION

Name/Day/Time of Class: _____/_____/_____

List any previous dance experience: _____

List any health restrictions / Allergies: _____

How did you hear about our studio: _____

WAIVER OF LIABILITY / MEDICAL RELEASE FORM / PHOTO RELEASE FORM & AGREEMENTS

Waiver of Liability:
 I, _____ (parent/guardian name) hereby give my child, _____ (child name) permission to dance at the Wheaton Studio of Dance. I waive the right to any legal action against Wheaton Studio of Dance for any injury sustained on studio property or at any Wheaton Studio of Dance event. I understand that I am enrolling my dancer in a program of physical activity and have agreed that my child is in good physical condition and does not suffer from any disability that would prevent or limit participation in this dance program.

Medical Release Form:
 I, _____ (parent/guardian) hereby give permission for any and all medical attention to be administered to my child, _____ (child's name), in the event of an accident, injury, sickness, etc., under the direction of the physician listed below or at any necessary emergency facility, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment.

Photo Release Form & Agreements:
 I give full rights to the Wheaton Studio of Dance and its staff to use photos and video images of me or my child to use for promotional purposes of the Wheaton Studio of Dance only. Photos and videos will be used in brochures, websites, advertisements, and other promotional material created by the studio. Photos may appear with or without names in press releases and other print advertising. I have read, understand and agree to the above stated waiver of liability, medical and photo releases. I also have read and understand the "Wheaton Studio of Dance Policies and Information." I understand I will be held responsible for all tuition, costume payments, and late fees as listed.

_____ Parent/Guardian signature	_____ Date
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