



Dancer Registration & Release Form

Student Name:		DOB:
		Age:
Parent/Guardian Name:		
Address:		City/Zip:
Home Phone:		School Attending:
Parent/Guardian Name:		Relationship to Student:
Cell Phone:		
E-mail:		
Parent/Guardian Name:		Relationship to Student:
Cell Phone:		
E-mail:		
Emergency Contact Name:		
Phone Number:		
Illnesses/Injuries/Allergies:		

How did you hear about us? _____

I fully understand and agree to the policies of Adaptive Force Performing Arts, including but not limited to:

1. I give permission to Adaptive Force Performing Arts to use graphics not limited to photo images and video of my child for learning and/or promotional purposes.
2. I agree to give written notice of any changes to the above information.
3. Support and Encouragement - During times of success and discouragement, parental support is vital. In these days of instant gratification, dance is an art form that requires old-fashioned hard work. This discipline comes not only from the student but by his/her own parents as well. Regular attendance in class is vital.
4. There are no adjustments/refunds for any payment.

*Parent/Guardian and/or Student (18 & up) agrees and understands that dance training can be hazardous and may result in injury to student or other students. Below signed person assumes all risks of injury incurred or suffered on the premises of Adaptive Force Performing Arts and releases Adaptive Force Performing Arts, its employees and anyone connected from any claim, damages, costs or cause of action which student has or may have as a result of injuries or damages sustained or incurred while on the premises of Adaptive Force Performing Arts or any studio sponsored event.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Print): _____

----- For Office Use Only -----

Date Registered:	Classes:
Registered By:	
Drop-In/Trial Class <input type="checkbox"/>	