



EPIC Dance Center

REGISTRATION FORM 2015-2016

DANCERS NAME _____

(AS YOU WISH IT TO APPEAR IN THE RECITAL PROGRAM)

AGE DATE OF BIRTH _____ CURRENT AGE _____

DANCERS GENDER: MALE _____ FEMALE _____

DANCERS HEALTH CONDITIONS (ASTHMA, ALLERGIES, ETC.) _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE NUMBER(S) HOME _____ CELL _____

EMAIL _____

MOTHER *MRS./MS./DR.* _____

FATHER *MR./DR.* _____

EMERGENCY CONTACT (IN THE EVENT A PARENT CANNOT BE REACHED AT THE NUMBERS LISTED)

NAME _____

RELATIONSHIP _____ PHONE _____

* In consideration of the dance lessons offered to me under this agreement by EPIC DANCE CENTER INC. And in recognition of the physically strenuous nature of dancing; I hereby consent and wish my child (s) to participate in the scheduled classes. I hereby knowingly, freely, and voluntarily release EPIC DANCE CENTER INC from any and all liability and waive any claim for injury that might have been forestalled, foreseen, determined, anticipated, or uncovered by a physical examination, and accordingly do agree to hold harmless and indemnify the EPIC DANCE CENTER INC. for any such condition which could or would have been discovered by a physical examination.

** I give permission for emergency medical treatment of my child in the event that a parent cannot first be contacted.

*** *NAME & IMAGE RELEASE:* EPIC DANCE CENTER INC may use visual/audio and photographic images and names of students from the studio engaged in dance lessons, rehearsals, and/or other performances for advertising and promotional purposes including but not limited to print media, advertising materials and the internet. Please check below indicating your permission for EPIC DANCE CENTER INC. to use your child's image and or name. List any specific exclusions below.

_____ I DO grant permission to use my child's name and/or image _____ I DO NOT grant permission to use my child's name and/or image

_____ EPIC DANCE CENTER may ONLY use my child's (please circle one) IMAGE NAME

Student Name (Print) _____

Parents Signature _____ Date _____

