



AFTER SCHOOL REGISTRATION FORM

Date: _____

Birth Date: _____

Child's Name: _____

School Attending: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Cell phone: _____

Email: _____

IN CASE OF AN EMERGENCY

Name: _____

Relationship to student: _____

Phone: _____ Work: _____

Please list any medical problems or allergies:

LIABILITY DISCLAIMER (Consult your doctor before starting any exercise program)

Dancing is an activity in which, despite preparation, instruction, medical advice, conditioning and equipment there is still a risk of injuries such as the following. This is by no means complete or exclusive, but includes heart attack, stroke and circulatory problems, bone and joint injuries, back injury, muscle strain and other muscle injuries, foot problems, head, neck and spinal injuries, heat stroke, heat exhaustion and asthma.

Please be aware in registering yourself for participation in this you will be acknowledging the risk and releasing all claims which you may have as a result of participating in this program. As a participant I acknowledge that there are certain risks of personal injury and I agree to voluntarily assume those risks and responsibilities which I may sustain as a result of participating in any and all activities connected with or associated with such a program.

I release all claims which may arise against, and agree not to sue, *T-Motion Dance Studio* and its officers, directors, agents, employees and authorized volunteers from any and all claims by other parties resulting from physical or mental injuries, damages and losses caused by me arising in any way associated with the activities of the program or at any related function.

In the event of any emergency, I authorized *T-Motion Dance Studio* officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care.

I have read and understand the above rules and regulations and I agree to accept and abide by all policies and procedures.

Signature

Date