



REGISTRATION FORM

Name of Student _____ Age: _____

Parents: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____

Name and phone number of someone to contact in an emergency if parents cannot be reached:

Please list any relevant medical conditions (allergies, asthma, diabetes, etc.), and please list any medications: _____

Please register me for the following classes:

We have read the Auburn Dance Academy Studio Policies, and agree that we must abide by them.

Signature of Parent/Guardian

Date

RELEASE

Read Carefully before you sign

The undersigned, on behalf of _____, the Student of Auburn Dance Academy, LLC, and themselves, assumes all responsibility for and all risk of damages or injury that may occur to the Student while attending classes, participating in performances, using dance equipment or facilities, or coming to or leaving from classes or performances. In consideration of being accepted as a student of Auburn Dance Academy, LLC, the undersigned, on behalf of the Student and themselves, releases and discharges Auburn Dance Academy, LLC and its owners, members, employees, agents and volunteers from all claims, demands, rights of causes of action, present or future, whether known or unknown, anticipated or unanticipated, and resulting from or arising out of or incident to the Student's participation in classes or performances, use of dance equipment or facilities, or the coming to or leaving from classes or performances.

I have read and understand the above Release.

Dated _____

Parent/Guardian

Signature

Printed name

Dated _____

Parent/Guardian

Signature

Printed name