

Live, Love, Dance Studio LLC
2024 SUMMER DANCE REGISTRATION FORM & WAIVER

Student Name: _____ Date: _____

Age: _____ Date of Birth: _____

Parent/Guardian: _____ Email: _____

Address: _____

Cell Phone: _____

Emergency Contact Name / Phone # _____

Please list any food allergies your child has: _____

PLEASE LIST THE CLASSES AND/OR CAMPS YOU ARE REGISTERING FOR:

Has your child taken dance classes before? If yes, please list dance subjects taken:

How did you hear about our Studio: _____

By signing, I fully understand the risks involved in dance class (both in the Studio classes or taking virtual lessons and/or training videos at home) and acknowledge that the activity my child is about to engage in poses unanticipated risks which could result in bodily injury, emotional distress or damage to personal property. I agree to not hold the Live, Love, Dance Studio or its Faculty, Students or Families responsible for any sickness or virus contracted while participating in classes or while visiting the Studio. Please also read and sign waiver on the next page.

Parent or Guardian Signature: _____

Photo Waiver: By signing below, I agree to allow my child to be photographed at summer camp or summer dance class for studio promotional advertising on the studio website and social media.

Parent or Guardian Signature: _____

**Reminder: In order to reserve your child's spot in any class, full payment is due before camp and classes begin!*

Office Use Only:

Subtotal _____

Discount _____

Deposit _____

Total Paid in Full & Date _____

If registering by mail please send to:

Live, Love, Dance Studio llc

P.O. Box 258

N. Carver, Ma 02355

Live, Love, Dance Studio's Policy Agreement & Liability Waiver Summer 2024

I have received or will obtain a copy of Live, Love, Dance Studio policies in the studio brochure and will take the responsibility to carefully read and follow the rules and policies therein. By signing below, I voluntarily assume and understand the risks involved in dance class and acknowledge that the activity my child is about to engage in poses unanticipated risks which could result in bodily injury, emotional distress or damage to personal property. I further understand that Live, Love, Dance Studio does not give credit and/or refunds for class(es) missed due to holiday, vacation, illness, weather, etc.

ILLNES: I understand if my child is sick, they will not come to class. Furthermore, I understand that I am willingly allowing my child to participate in an activity where they are around other people and the risk of contracting viruses is increased. However, while I also understand that the Live, Love, Dance Studio will do whatever it can to help prevent the spread of disease, the Live, Love Dance Studio and it's entire faculty and staff cannot be held responsible should any child, parent or guardian contract a virus while utilizing Live, Love, Dance Studio's services and premises.

I HAVE READ AND WILL ADHERE TO ALL THE INFORMATION POSTED IN THE LIVE, LOVE, DANCE STUDIO BROCHURE, WHICH CAN BE FOUND ON THE STUDIO WEBSITE OR OBTAINED FROM THE STUDIO OFFICE

PARENT/GAURDIAN SIGNATURE: _____ **DATE:** _____
PARENT/GAURDIAN (PRINT NAME): _____ **DATE:** _____