

Live, Love, Dance Studio LLC.

REGISTRATION FORM & WAIVER 2023/2024 SEASON

PLEASE CHECK: NEW STUDENT: _____ PREVIOUSLY ENROLLED STUDENT _____ HOW DID YOU HEAR ABOUT US? _____

STUDENT'S NAME: _____ DATE OF BIRTH: _____

PARENT NAME (1) _____ PARENT NAME (2) _____

EMAIL ADDRESS TO RECEIVE IMPORTANT STUDIO INFO /NEWSLETTERS: _____

HOME PHONE: _____ CELL (PARENT 1) : _____ CELL (PARENT 2): _____

ADDRESS: _____ TOWN/CITY _____ ZIP: _____

AGE AS OF SEPT.1 _____ SCHOOL GRADE ENTERING INTO SEPT _____ # OF YEARS IN DANCE _____

CLASSES ENROLLING FOR:

CLASS: _____ DAY: _____ TIME: _____

CLASS: _____ DAY: _____ TIME: _____

CLASS: _____ DAY: _____ TIME: _____

CLASS: _____ DAY: _____ TIME: _____

CLASS: _____ DAY: _____ TIME: _____

CLASS: _____ DAY: _____ TIME: _____

CLASS: _____ DAY: _____ TIME: _____

MEDICAL INFO: PLEASE INFORM US OF ANY ISSUES THAT MAY HELP US IN TEACHING DANCE TO YOUR CHILD.

MEDICAL CONDITIONS/CONCERNS: _____

ALLERGIES: _____ MEDICATIONS: _____

IN THE EVENT OF AN EMERGENCY, POWER OUTAGE, OR EARLY DISMISSAL DUE TO WEATHER. PLEASE FILL OUT BELOW SO THAT WE ARE PREPARED AND ABLE TO REACH YOU OR A FAMILY MEMBER IF NECESSARY.

PARENT 1 _____ CELL#: _____ WORK #: _____

PARENT 2 _____ CELL #: _____ WORK #: _____

OTHER: _____ RELATIONSHIP TO CHILD: _____

CELL#: _____ WORK#: _____

PICTURE CONSENT: AT THE STUDIO, WE OFTEN TAKE PART IN MANY FORMS OF ADVERTISING THROUGHOUT THE YEAR (NEWSPAPER, FACEBOOK, WEBSITE, ETC.) WE LIKE TO PORTRAY OUR DANCERS' SMILING FACES TO BEST REPRESENT THE LIVE, LOVE, DANCE STUDIO AND WE'D LIKE YOUR CONSENT BEFORE WE DO SO.

PLEASE LET US KNOW IF WE HAVE YOUR CONSENT: _____ **I DO** GIVE MY CONSENT TO PLACE MY CHILD'S PICTURE IN FORMS OF ADVERTISEMENT.

WAIVER: Please refer to Live, Love, Dance Studio's separate Policy Agreement & Liability Waiver on the back page. By signing below, I fully 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 HAVE READ AND WILL ADHERE TO ALL THE INFORMATION POSTED IN THE LIVE, LOVE, DANCE STUDIO WAIVER & BROCHURE:

PARENT/GAURDIAN SIGNATURE: _____ **DATE:** _____

REGISTRATION FORM MAY BE MAILED ALONG WITH REGISTRATION FEE OF \$35 TO:

LIVE, LOVE, DANCE STUDIO, P.O. BOX 258, N. CARVER, MA 02355

FLIP OVER >

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

2023-2024 DANCE SEASON WAIVER:

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 any 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.

Sick Policy: I understand if my child is sick, they will not come to class. They are welcome to return once they are symptom free. 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.

ALL ACRO DANCE STUDENTS MUST HAVE LEGAL GUARDIAN READ AND ACCEPT THIS WAIVER BEFORE PARTICIPATING IN ACRO CLASSES:

By signing below, I fully understand the risks involved in this type of Acrobatics dance class and acknowledge that the specific 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 hereby agree to release Live, Love, Dance Studio of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in Acro dance on behalf of the participant.

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:** _____