



Registration Form

Student Information

Student's Name: _____

Student's Age: _____ DOB: _____ Grade: _____

Mailing Address: _____

City, State, Zip: _____ Student's Cell #: _____

Parent/Emergency Information

Parent's #1: _____ Home/Cell #: _____

Email Address: _____ Work #: _____

Parent's #2: _____ Home/Cell #: _____

Email Address: _____ Work #: _____

Please read carefully

*I, the parent(s) of _____, understand that dancing, stretching, and other activities associated with your participation, places unusual stress on the body and carries with it the risk of physical injury. On behalf of my child and myself, I assume the risk and agree that **Southeastern Indiana Dance, Inc.**, the faculty, volunteers, chaperones, and agents of **Southeastern Indiana Dance, Inc.** shall not be liable in any way and released for any injuries sustained during attendance at the school or any of its related functions for any act which might constitute a claim for negligence. I further understand that my child, at all times, is responsible for his/her personal belongings, and I accept full responsibility for loss of personal items whether lost, damaged, or stolen. **I also understand that missing more than 3 classes per session per class may result in my child not performing. Additionally, I agree to pay for all classes and costumes by the scheduled date. I will allow photos of my child to be posted on Facebook.***

Signature of Parent or Guardian

Date