



DANCER'S EDGE REGISTRATION FORM

3115 Broad St. Dexter, MI 48130

www.DextersDancersEdge.com

Phone: (734)424-2626 Email:DextersDancersEdge@yahoo.com

Circle one semester: Fall (September) Winter (January) Summer (June)

Year of semester: _____ Today's Date: _____

Student Information (Please print and fill out one form per student)

Student's Name _____ Student's Birthdate _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ School District Attending _____

Parent Information (please list the custodial parent/legal guardian information)

Parent(s) Name _____

Address (if different than student's) _____

City _____ State _____ Zip Code _____

Email _____

Cell Phone _____ Work Phone _____

Emergency Contact (other than parent/legal guardian) _____

Relation _____ Phone _____

Student's Class Schedule

Class Name	Class Day	Class Time	Class Tuition
		Class Subtotal	
		Costume Deposit \$75	
		Total	

Office Use Only

Check # _____ Cash _____ Visa/MasterCard # _____

Card Exp. Date _____ Card Billing Zip Code _____

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List previous dance experience:

Where did you hear about Dancer's Edge?

Release/Disclaimer

Registration will not be accepted without the legal signature.

I, _____, the authorized legal representative of _____, jointly and severally hereby releases, discharges, and acquits Dancer's Edge, including all owners, all employees, teachers, and agents from any and all claims for damages or injuries of any kind, nature or description, resulting from Dancer's Edge activities. This expressly includes, but is not limited to, any injury or damage caused by or resulting from the negligence of Dancer's Edge, all owners, all employees, teachers, agents, etc. I acknowledge the fact that certain types of injuries are common and inherent in dance and tumbling-related activities. This release includes but is not limited to this type of injury. This release shall be binding upon and inure to the benefit of the parties, their successors, assigns, and personal representatives. I have read and understand all Dancer's Edge policies and agree to abide by those policies and make all payments necessary for participation in Dancer's Edge activities.

I hereby DO GIVE/DO NOT GIVE (circle one) Dancer's Edge permission to use images of my child, _____ captured during regular and special dance classes through video, photo and digital camera to be used solely for the purposes of studio fliers, publications and the studio website. I understand that my child's name will not be stated with the photo.
In case of an emergency, hospital preference

Insurance Information and Policy Number

Medical Information: (any medical restrictions)

By signing this document: You agree that all the information provided is true to the best of your knowledge. You agree that you have read and understand the risk. You give permission for emergency medical transportation and treatment at your expense, if needed. You agree to update this document should any of the information change. You agree to the public display of any studio pictures of your child. You have thoroughly read, understand, and agree to the following documents, Dancer's Edge Dance Studio Registration Form, Dancer's Edge Dance Studio Information and Dancer's Edge Dance Studio Class and Rehearsal Schedule.

Participant/Date

Parent or Guardian/Date
