



SUMMER 2019 REGISTRATION FORM

Class level: _____

Student name: _____

Address: _____

City: _____ State: _____ Zip: _____

Student age: _____ DOB: _____

Student home phone: _____ cell phone: _____

Student e-mail: _____

Parent name: _____

Parent phone: _____ work phone: _____

Parent e-mail: _____

In case of emergency:

Emergency contact: _____

Emergency contact phone: _____

Insurance information: _____

Subscriber: _____

Number: _____

Please Circle the camp(s) you are registering for:

- | | | | | | |
|----------------------------------|----------|---------|---|-----|-----------|
| Summer Camp 1: Cinderella | A | B | C | | |
| Summer Camp 2: Cinderella | A | B | | | |
| Summer Camp 3: Sleeping Beauty | A | | | | |
| Summer Camp 4: Sleeping Beauty | A | B | | | |
| Summer Camp 5: La Sylphide | A | B | C | | |
| Summer Camp 6: La Bayadere | A | B | | | |
| Valery Lantratov Master Classes: | Saturday | Beg/Int | | Adv | Pointe |
| | Sunday | Beg/Int | | Adv | Character |

This form MUST be in my possession prior to admittance into any classes.

For your convenience mail to:

The Dance Center

129 East Alder Suite B

Walla Walla, WA 99326

509-525-0815

hutsoni@hotmail.com

Warranty and Release:

If you are under 18 year of age, your parent's or legal guardian's signature is required. By signing below, I agree to the following waiver and release. I acknowledge that I am physically fit and have no health, medical or physical problems that preclude my participation in the activities of The Dance Center. I understand and acknowledge these activities may require special conditioning and skills and involve risks that may include serious bodily injury, permanent disability, death, and personal property damage, social or economic loss. I understand these risks may arise from any event(s), whether in or out of my control, and these risks may be unforeseeable or unknown to me at this time. I agree that it is my responsibility to examine and inspect each activity I take part in and it is my responsibility to take action to protect myself from risk if I believe risk is inherent in the activity. I fully accept and assume all such risks and all responsibilities for losses, costs and damages I may incur as a result of my participation in these activities and agree that The Dance Center is in no way liable for any risks incurred from my participation in these activities. I hold harmless The Dance Center, its officers, employees and agents from any and all liability, actions, and cause of action, claims and demands of any and every kind that may arise from or in connection with my participation in these activities. The Dance Center has the absolute and irrevocable right and permission, to use, re-use, publish, and republish the same in whole or in part, individually or in conjunction with other photographs, in any medium and for any purpose whatsoever, including but not limited to, illustration, promotion, advertising and trade, any photos of myself or use of my name. My signature serves as a release and assumption of risk for myself and any members of my family who have accompanied me to these activities, including those under the age of 18 for whom I am a parent or legal guardian. My signature shall bind my heirs and estate to this release and assumption of risk.

I have read and understand this agreement

Name: _____ Date: _____

By signing below, I, the minor's parent and/or legal guardian agree that I understand the nature of The Dance Centers-activities and the minor's experience and capabilities and I believe the minor to be qualified to participate in such activities. I have read, understand and comply with the agreement signed by the minor and permit the minor to participate in the activities. I hold harmless The Dance Center, its officers, employees and agents from any and all liability, actions, and cause of action, claims and demands of any and every kind that may arise from or in connection with the minor's participation in these activities.

Parents Signature: _____ date: _____

