

Limitless Dance Company

Registration Form

Student Last Name: _____ Student First Name: _____

Parents Names: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mom Phone: _____ Dad Phone: _____

Emergency Contact Name and Phone: _____

Check preferred contact

Mom Email Address: _____

Dad Email Address: _____

Child Birthday Date: _____ Age of Child: _____

Please initial that you understand the following:

_____ I understand, I MUST be present inside the dance studio at ALL times.

_____ I understand, if there is a medical emergency or medication needs to be administered that ONLY a parent/guardian MUST administer it, we are not able to do so of any kind, for we are not medically trained.

_____ I understand, the staff at Torrie's Academy of Dance and Limitless Dance Company are NOT medical professionals.

office use _____

Days: _____

Class: _____

Torrie's Academy of Dance
Presents Limitless Dance Company
Liability/Photo Release Form



LIABILITY RELEASE: I acknowledge (myself) _____, as a parent or legal guardian of (child) _____, that I allow my child to participation on or near the property of Torrie's Academy of Dance and Limitless Dance Company. I am also aware that Torrie Ward, Paul G. Miletta and/or any other member of her staff or volunteer associates are not held responsible for any illness or injury minor or major that may occur. I am also aware and acknowledge that Torrie Ward or any member listed above is not held responsible for any medical treatment.

Signature of Parent or Legal Guardian:

Sign: _____

Date: _____

PHOTO RELEASE: I also allow Torrie Ward & her staff to take and use photos of my child for our webpage, Facebook, pamphlets, brochures, etc. in association with Limitless Dance Company.

Yes this is Allowed: _____

Date: _____

(NO) I do not want my Child's picture used: _____ Date: _____

Signature of Parent or Legal Guardian:

Sign: _____

Date: _____

*Thank You:
Torrie Ward*

Limitless Dance Company Disability Information List

Please list your child's disability

Please check if you child/children use the following:

- Wheelchair**
- Walker**
- Prosthetic/s & list what if so** _____
- Crutches/Arm support walkers**
- Have special fitted or walking shoes** _____
- Suffer from any type of Seizure** _____

Does your child/children have any other limitations, concerns, & sensitivities that we need to know about if so please list below: Be specific:...
