

MY DANCE STUDIO INC.

Visit us on the web: www.MyDanceStudioInc.com

Registration Form

Please make checks payable to My Dance Studio, INC.

Student's Last Name _____ First Name _____

Address _____ City _____ Zip _____

Parent / Legal Guardians Name _____

Home Phone _____ Alternate Phone _____

Emergency Contact _____ # _____

Email _____

Age _____ Grade _____ Birthday ____/____/____

Class #1 _____ Class #2 _____

Class #3 _____ Class #4 _____

Class #5 _____ Class #6 _____

Total Monthly Fee: \$ _____

Mail form & payment to My Dance Studio, Inc., 3184 Summers Road, Keego Harbor, MI 48320
Call 248-977-3764 or 248-470-9123 for additional information or questions.

Office Use: P: _____ W: _____ B: _____ D.O.E.: _____



3184 Summers Road
Keego Harbor, MI 48320

Waiver of Injury/Photo Release/Policy & Procedure Agreement

Release and Waiver of Injury I, do hereby voluntarily submit permission of my child/myself for attendance and participation in classes at My Dance Studio Incorporated and do hereby assume full responsibility for any and all damages, injuries or losses that I/she/he may sustain or incur in anyway while attending or participating in any My Dance Studio Incorporated classes or activities. I do hereby waive all claims against the instructors, the owners and/or operators, individually or otherwise, of My Dance Studio Incorporated for any injuries that may be sustained while attending or participating in said programs. I fully understand that any medical treatment given to me will be for first aid only. This form can be photocopied for emergency treatment. For and in consideration of the acceptance of our child/children minor(s) in the programs offered by My Dance Studio Incorporated ("MDS"), we as parents and guardians of such minor(s), so hereby release and forever discharge MDS, its principals, employees and agents and their heirs, personal representatives, successors and assigns, and save them from harmless from and against any and all claims, actions, liabilities, damages and expenses in connection with loss of life, personal injury and/or damage to or loss of property arising from or out of the participation of such minor(s) in the programs of MDS. By reading and signing this legally enforceable Release, I/we acknowledge that I/we have carefully read and fully understand the provisions hereof.

PHOTO RELEASE I grant permission to MDS, to use photographs and or video taken of me or my child for use on MDS web sites or other electronic form or media, and to offer the photographs for use or distribution without notifying me. I hereby waive any right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs and or video. I hereby agree to release and hold harmless MDS, via electronic or media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in production of the finished product. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

Policy & Procedure Agreement I have read and understand all terms and conditions listed in the Policy & Procedure guidelines. I understand that by signing below I am liable for all financial agreements made to MDS and do hereby assume full responsibility for any expenses and fines charged to my account.

Student's Name (please print) _____

Adult/ Legal Guardian _____

Signature

Date