

**Forte Academy of Dance - 2017-18 Registration Form**

**Parent/Guardian (or student if over the age of 18):**

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Relationship to student(s): \_\_\_\_\_

**Additional parent/guardian (if applicable):**

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Relationship to student(s): \_\_\_\_\_

**Students in Household (including students over the age of 18):**

1) Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age on Sept. 5, 2017: \_\_\_\_\_ Sex: M F Allergies/Medical Issues: \_\_\_\_\_

2) Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age on Sept. 5, 2017: \_\_\_\_\_ Sex: M F Allergies/Medical Issues: \_\_\_\_\_

3) Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age on Sept. 5, 2017: \_\_\_\_\_ Sex: M F Allergies/Medical Issues: \_\_\_\_\_

4) Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age on Sept. 5, 2017: \_\_\_\_\_ Sex: M F Allergies/Medical Issues: \_\_\_\_\_

5) Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age on Sept. 5, 2017: \_\_\_\_\_ Sex: M F Allergies/Medical Issues: \_\_\_\_\_

**Emergency Contacts (DO NOT LIST PARENT/GUARDIAN):**

1) Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to student(s): \_\_\_\_\_

2) Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to student(s): \_\_\_\_\_

Are you interested in our competitive dance program? Yes No

How did you hear about Forte Academy of Dance? (circle all that apply)

Website Facebook Friend/Relative Coupon Book/Mailer Saw studio while driving by

Other (please specify): \_\_\_\_\_

**Forte Academy of Dance - Liability Waiver 2017-18**

I/we realize that participation in dance classes and activities could involve some possible personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, I/we (the student and parent/guardian) assume all risks related to the use of any and all spaces used by Forte Academy of Dance, LLC.

I/we agree to release and hold harmless Forte Academy of Dance, LLC including its teachers, students, staff members, and facilities used by both entities from any cause of action, claims, or demands now and in the future. I/we will not hold Forte Academy of Dance, LLC liable for any personal injury or any personal property damage, which may occur on the premises before, during or after classes. Furthermore, I/we agree to obey the class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Forte Academy of Dance, LLC.

I/we understand that in the event that I/we should observe any unsafe conduct or conditions before, during or after my/our classes, I/we agree to report the unsafe conduct or conditions to a director, instructor or staff member as soon as possible.

**Forte Academy of Dance - 2017-18 Photo/Image Release and Waiver**

I hereby give Forte Academy of Dance, LLC, its assigns, licensees and legal representatives the irrevocable right to use my/our name(s), photograph(s), image(s), audio recording(s), video recording(s), and likeness ("My Image"), or that of my child(ren)'s ("My Child(ren)'s Image"), in all forms and manner including but not limited to publication on Internet Web Sites, broadcasts and any other publications as released to or by Forte Academy of Dance, LLC. I understand that Forte Academy of Dance, LLC cannot control unauthorized use of My Image or My Child(ren)'s Image by persons not associated with Forte Academy of Dance, LLC once My Image or My Child(ren)'s Image has been published. I hereby forever waive any right to inspect or approve any publication of My Image or My Child(ren)'s Image by Forte Academy of Dance, LLC. I have carefully reviewed and understand the above provisions and agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this Release and Waiver.

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Name of Student(s): \_\_\_\_\_  
(Please print)

\_\_\_\_\_   
(Please print)

\_\_\_\_\_   
(Please print)

\_\_\_\_\_   
(Please print)

\_\_\_\_\_   
(Please print)

**I have read the liability and image waivers above, as well as the studio policies, and agree to comply with the contents.**

**PRINT NAME** (of parent/guardian (if student(s) is a minor): \_\_\_\_\_

**SIGNATURE** (of parent/guardian if student(s) is a minor): \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Forte Academy of Dance**  
**Auto-Pay Authorization Form**  
**THIS FORM IS REQUIRED BEGINNING JUNE 2017**

**Household last name:**

\_\_\_\_\_

**Card Number:**

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**Name as it appears on card:**

\_\_\_\_\_

**Expiration:**

\_\_\_\_/\_\_\_\_  
MM    YYYY

**Code on back of card:**

\_\_\_\_\_

**Competitive Team:**

*Check here to include competition entry fees and accessory/rhinestone/jewelry/shoe fees in your automatic payment:*

I hereby authorize automatic monthly payments to Forte Academy of Dance. If my card information changes, I will notify the studio as soon as possible.

**Signature** \_\_\_\_\_

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To be completed by studio:

Circle One:                      New auto-pay account                      Updated card

Number of recurrences: \_\_\_\_\_

Starting date: \_\_\_\_\_