



REGISTRATION FORM

41 Wall Street, Auburn Ny 13021 - (315) 730-6056 - www.absolutedancestudio.co

Student Name: _____ Birthday: _____ Age: _____

Student Name: _____ Birthday: _____ Age: _____

Student Name: _____ Birthday: _____ Age: _____

Home Address: _____

City: _____ State _____ Zip _____

Parent/Guardian: _____ Phone#: (____) _____

Parent/Guardian: _____ Phone#: (____) _____

Home Address: _____

City: _____ State _____ Zip _____

Email: _____

Emergency Contact: _____

Phone#(____) _____ Relationship: _____

Medical Conditions/Food Allergies: _____

Dance Experience: How many years: _____ Place of former training: _____

Where did you hear about Absolute Dance: _____

Why did you choose Absolute Dance: _____

*The Participant, in attending Absolute Dance and using the facilities, does so at their own risk. Absolute Dance shall not be liable for any damage arising from personal injuries sustained by the Participant in or about the premises. The Participant assumes full responsibility for all injuries and damages which may occur in or about the premises and at any outside event and they do hereby fully and forever release and discharge the studio instructors, studio owner, and any other employees from any and all claims, demands, damages, rights of action present or future, resulting from or arising out of the Participants use of the studio and/or facilities. Participation is entirely his or her own choice and with the understanding of risk of accidental injury involved in any activity involving motion or height. *Should this account become delinquent, the undersigned will be responsible for any and all collection cost including attorney fees and court dates. * I hear by consent Absolute Dance to be authorized to use Participant's name, portrait, photograph, video, or any reproduction of self for editorial and/or commercial purposes only. Absolute Dance is not responsible for lost or stolen items.

*THE POLICIES AND PROCEDURES IS AVAILABLE AT FRONT DESK AND WEBSITE AND MUST BE UNDERSTOOD UPON REGISTRATION.

Parent/Guardian/Student: _____ Date: _____

(Must be 18yrs or older to sign.)