



# Elite Dance Studio

## Registration Form

### 2010-2011

729 Cloverly Street  
 Silver Spring, MD 20905  
 (301) 879-ELITE (3548)  
 info@elitedancestudioandsupply.com  
 www.elitedancestudioandsupply.com  
 Fax: (301) 879-3549

Student Name		
Address		
City	State	Zip Code
Telephone #1	Telephone #2	
E-mail – Parent #1	E-mail – Parent #2	
Name: Parent/Guardian #1		
Cell Phone Number		
Name: Parent/Guardian #2		
Cell Phone Number		
In case of emergency (alternate contact name)		
In case of emergency (alternate contact phone number)		
Student's age (as of November 1, 2010)	Birth Date	

### Class Registration

<u>Studio A or B</u>	<u>Class Day</u>	<u>Class Time</u>	<u>Class Name</u>

NEW STUDENTS: Previous training? Please list past experience in dance (include styles of dance and number of years)

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Any health or physical restrictions with dancing?

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NEW STUDENTS: How did you hear about our school?

Newspaper <input type="checkbox"/>	Phone Book <input type="checkbox"/>	Elite Website <input type="checkbox"/>
Facebook <input type="checkbox"/>	Google Ad <input type="checkbox"/>	Web Search Engine <input type="checkbox"/>
Performance <input type="checkbox"/>	Word of Mouth <input type="checkbox"/>	Other <input type="checkbox"/>

\_\_\_\_\_
  \_\_\_\_\_



## ***Waiver of Liability***

I, \_\_\_\_\_, (parent/guardian's name) hereby give my child, \_\_\_\_\_ (child's name), permission to dance at the Elite Dance Studio for the year 2010-2011. I waive the right to any legal action against Elite Dance Studio for any injury sustained on studio property or at any Elite Dance Studio event. I understand that I am enrolling my dancer in a program of physical activity and have agreed that my student is in good physical condition and does not suffer from any disability that would prevent or limit participation in this dance program.

## ***Medical Release Form***

I, \_\_\_\_\_ (parent/guardian's name) hereby give permission for any and all medical attention to be administered to my child, \_\_\_\_\_ (child's name), in the event of accident, injury, sickness, etc., under the direction of the physician listed below or at any necessary emergency facility, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

CHILD'S PHYSICIAN: \_\_\_\_\_

PHONE: \_\_\_\_\_

KNOWN ALLERGIES: \_\_\_\_\_

## ***Photo Release Form***

I give full rights to the Elite Dance Studio and its staff to use photos and video images of me or my child to use for promotional purposes of the Elite Dance Studio only. Photos and video will be used in brochures, websites, advertisements, and other promotional material created by the studio. Photos may appear with or without names in press releases and other print advertising.

***I have read, understand and agree to the above stated waiver of liability, medical and photo releases. I have also read and understand the "Elite Dance Studio Policies and Information". I understand I will be held responsible for all tuition, costume payments, and late fees as listed.***

Parent's Printed Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_