

Wilkerson Dance Studio LLC
1114 W. North St
Greenfield, IN 46140

Registration Summer 2018

___ New Student

NAME _____ AGE _____
(Last) (First)

Birthdate ____ / ____ / ____ School _____

Parent(s)/Guardian _____

Parent E-mail _____
(Most communication about classes, tuition and shows will be done by e-mail)

Driver's License # _____
(I.D. for paying by check)

Address _____

City _____ Zip _____

Home/CellPhone (____) _____ - _____ alternate phone _____

Class(s) desired _____

Please provide any pertinent medical or disability information of student.

For Office Use: List _____ POS _____ E-mail contact _____
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Waiver for Participation

As legal parent or guardian, or student of eighteen years of age or older, I hereby acknowledge that the nature of instruction students of Wilkerson Dance Studio will receive involves physical exercise and stress. I hereby waive all claims against Wilkerson Dance Studio, owners, and /or instructors liable for injuries that could incur while participating in class, rehearsal, performances and all related activities. INITIAL _____

I agree to abide by policy and payment procedures, make timely payments and agree to pay necessary late fees. INITIAL _____

I also consent to photography and recording of my child, or myself as a student, for promotional and public relations, which may include but not limited to, photo displays, brochures, print ads, DVD's, Face book, web sites and other social media.

I've read the above and agree by signing below. I understand that this waiver and consent will continue for any participation after the below date, or until which time I revoke my consent, in writing, to Wilkerson Dance Studio.

SIGNATURE: _____ DATE: _____