



**ENCORE** School of Dance and Gymnastics

### REGISTRATION FORM

Student's Name \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_

Place of Work \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Place of Work \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

#### MEDICAL RELEASE

As a parent or legally certified guardian of a minor child, I do hereby give authority to staff and members of Encore School of Dance and Gymnastics to obtain all necessary medical assistance for the above named child in the event of an emergency, including the care of a physician and/or hospital. This authorization is granted on situations wherein a parent or guardian cannot be reached immediately.

Date \_\_\_\_\_ Signed \_\_\_\_\_ (parent or guardian)

#### MEDICAL INFORMATION

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Specific Medical Concerns \_\_\_\_\_

#### PARENTS RELEASE

I, the minors parent/ and or legal guardian understand the that participating in the Activity at Encore School of Dance and Gymnastics involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of other participating in the event, the conditions in which the event takes place, or the negligences of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable a this time; and I fully accept and assume all such risks and responsibility for losses, cost and damages that incur as a result of participation in the Activity. I hereby release, discharge, and covenant not to sue Encore School of Dance and Gymnastics, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place., ( each considered one of the "RELEASEES" herin) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise, including negligent rescue behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim. I understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intent it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue to full force and effect.

Date \_\_\_\_\_ Signed \_\_\_\_\_ (parent or guardian)

Circle one-----Summer Registration-----Fall Registration

Classes/Summer Programs registering for \_\_\_\_\_

Special requests \_\_\_\_\_

Class times that do not work for you \_\_\_\_\_

T-shirt size \_\_\_\_\_ (only needed for early bird fall registration-----free T-shirt for sign up by April 3)