

2016

PERCEPTION DANCE ENROLLMENT FORM

Dancer Name: _____ Age: _____ DOB: _____

Address: _____

City/State: _____ Zip: _____

Home Phone: _____

Parent Name: _____ Cell: _____

Parent Name: _____ Cell: _____

Parent Email: _____

Dancer Email: _____

Dancer Cell: _____

Medical Conditions: _____

School Attending: _____ Grade: _____

1. Class: _____ Day/Time: _____ Hours: _____

2. Class: _____ Day/Time: _____ Hours: _____

3. Class: _____ Day/Time: _____ Hours: _____

4. Class: _____ Day/Time: _____ Hours: _____

5. Class: _____ Day/Time: _____ Hours: _____

6. Class: _____ Day/Time: _____ Hours: _____

7. Class: _____ Day/Time: _____ Hours: _____

8. Class: _____ Day/Time: _____ Hours: _____

9. Class: _____ Day/Time: _____ Hours: _____

10. Class: _____ Day/Time: _____ Hours: _____

TOTAL HOURS: _____

Parent Signature: _____ Date: _____

PERCEPTION DANCE COMPANY

Liability Release Form

I understand that there are risks of physical injury associated with, and inherent to the activity of dance. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all right and/or causes of action of any kind, including any and all claims of negligence arising as a result of such activity from which liability could accrue to Perception Dance Company, it's employees and instructors.

I hereby agree to release Perception Dance Company and hold Perception Dance Company harmless of all liability, and acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in dance on behalf of the student.

I also give Perception Dance Company permission to use my child's picture in or on any form of advertisement for Perception Dance Company.

LIABILITY RELEASE: _____ I agree _____ I do not agree

MEDIA RELEASE: _____ I agree _____ I do not agree

Parent Signature: _____ Date: _____

Student Name(s): _____