

Ballet White Mountains & Dance Center

We Encourage Human Potential through Dance!

Linda Bohn – Director 928-242-5649 balletwhitemountains.com

Registration: STUDENT NAME _____ Age _____
Birthdate _____ How did you hear about us? _____

Grade in school for fall _____ School _____

Parents Names _____

Mailing Address _____ city _____ zip _____

Actual Address _____ city _____ zip _____

Cell or Daytime phone _____ Text Yes ___ multi text Yes ___

Work phone _____ Location & Time _____

EMAIL _____

Dance experience/number of years _____ Type of Dance _____

Class Preference _____

What are goals or objectives for your child _____

***FINAL placement of students is at sole discretion of the Director.

Emergency Contact _____ phone _____

Doctor's name _____ phone _____

By signing below I hereby grant permission to the persons listed above as emergency contact and my child's physician to take whatever action deemed necessary in their judgment for the health of my child in case of emergency, accident or illness if I cannot be reached. I also affirm that my child is covered by a health insurance or medical plan that includes coverage for all injuries that may be sustained through the physical activities involved with dance exercise. READ AND SIGN attached Parent Consent & Liability Release Form.

Signature _____ Date _____

By signing below, I hereby grant permission to Ballet White Mountains to use in perpetuity, my child's images from photographs, films, videos and other media for promotional purposes or materials in marketing. This may include, but not limited to use in brochures, flyers, television, internet, exhibitions and web broadcast.

Signature _____ Date _____

PARENT CONSENT AND LIABILITY RELEASE FORM

Please read this document before signing. Signing this document affirms that you have read it and understand it in its entirety.

In order for your child or ward to participate in activities at Ballet White Mountains, we require that a parent or guardian read and sign this Parent Consent and Liability Release Form:

I certify that I am eighteen (18) years of age or older, and that the statements contained in this Parent Consent and Liability Release Form are accurate.

I recognize and understand engaging in any physical exercise, class or activity, including dancing, may result in injury to the participant. I understand that my child will participate in such activities at his/her own risk. I agree that we are voluntarily participating in activities and use of Ballet White Mountains' facilities, premises (including the parking lot) and dance studio. We assume all risk of injury, illness, damage, or loss to us or our property that might result, including, without limitation, any loss or theft of any personal property. I agree that this consent and assumption of risk statement covers each and every event or activity sponsored by Ballet White Mountains. I agree to release and discharge Ballet White Mountains (and its affiliates, employees, agents, representatives, successors and assigns) from any and all claims or cause of action (known or unknown) arising out of its negligence.

I certify that a physician has examined my child and I have been advised by said physician that my child is approved to engage in the activities offered by Ballet White Mountains. I hereby authorize Ballet White Mountains to act for me in any situation that it or its agents believes requires immediate medical attention, including administering first aid and/or seeking emergency medical care. I accept full responsibility for the cost of treatment and payment of any and all medical bills.

I understand that if my child or ward does not abide by the instructions, rules and regulations of Ballet White Mountains, as determined in its sole and absolute discretion, he/she is subject to immediate removal from the premises.

I HAVE READ THIS PARENT CONSENT AND LIABILITY RELEASE FORM. I FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY AGREEING TO IT, AS A PARENT AND/OR LEGAL GUARDIAN. I AM SIGNING THIS DOCUMENT ON BEHALF OF MY MINOR CHILD AND AGREE TO SPECIFICALLY BIND THE MINOR AND MYSELF TO ALL THE TERMS AND CONDITIONS OF THIS RELEASE AND WAIVER OF LIABILITY. I HAVE AGREED FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW, INCLUDING BUT NOT LIMITED TO A.R.S. 12-553.

PARTICIPANT _____

PARENT/GUARDIAN'S NAME (PRINT) _____

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____