



360 DANCE

360...Where Kids LOVE to Dance!

2010-2011 REGISTRATION FORM

Please print ALL information neatly. Annual registration fees are \$35.00 per family and are due with this form.
Please fill out one form per family as there is ample space to list all dancers on this form.

	DANCER'S NAME	BIRTH DATE (M/D/Y)	AGE	DANCER'S EMAIL ADDRESS	SCHOOL/GRADE
1st		/ /			
2nd		/ /			
3rd		/ /			

	PARENT'S/ GUARDIAN'S NAME	E-MAIL ADDRESS	HOME PHONE	WORK PHONE	CELL PHONE
Mother					
Father					
Other					

Dancer's Street Address _____

City _____ State _____ Zip _____

WAIVER OF LIABILITY

I, the undersigned parent or legal guardian of the dancer(s) listed above, do hereby give permission for the aforementioned persons to participate in any and all classes, programs, shows and events offered by or attended by 360 Dance, Inc. I accept all risks associated with that participation and understand that there is a full possibility of serious physical illness or injury. I hereby covenant not to sue and waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against 360 Dance and its officers, owners, directors, employees and/or other assigned representatives or volunteers from any and all liability and for any and all damages and/or injuries which may be sustained or suffered by the dancer(s) listed above while participating at or for 360 Dance. Furthermore, I hereby give my permission to 360 Dance to use photographs and/or videos of the dancer(s) listed above as deemed appropriate for the promotion of 360 Dance.

INSURANCE & PERMISSION FOR TREATMENT

My signature below indicates my certification that I have medical insurance on the dancer(s) listed above and will maintain continuous medical coverage while he/she dances at 360 Dance. I also authorize 360 Dance and its owners, employees, directors, etc. to use standard first aid procedures on the dancer(s) listed above and to consent any other medical procedure that is deemed necessary in the case of an emergency. Furthermore, I certify that I personally and/or my medical insurance carrier will be responsible for all expenses which are incurred in relation to any injury sustained during any 360 Dance related activity including but not limited to a 360 class, competition, show, etc. (Please list your medical coverage info below...make sure that you inform 360 if this info changes.)

Insurance Company Name _____ Policy # _____

360 RULES & REGULATIONS

My signature below also indicates that I have read, understand and will abide by all general rules and regulations that are set forth by 360 Dance and its owners, employees and directors and any additional rules or requirements as set forth throughout the year.

Parent's Signature _____ Date _____

OFFICE USE ONLY!!	Date Registered: _____	Payment Type: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash
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