

Dance Works of Enid Academy of Ballet & Performing Arts

Registration From
New Students

Date _____ Student's Name _____

Address _____

City/State/Zip _____ Home Phone _____

Student's Birthdate _____ Age _____

Student's Academic School and Present Grade _____

Parent's Names _____

Place of Employment:

Mother _____

Wk Phone _____ Cell Phone _____ Email _____

Father _____

Wk Phone _____ Cell Phone _____ Email _____

Contact in case of Emergency (other than parents)

Name and Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Names of Previous Dance Schools _____

Number of Years: In Ballet ____ On Pointe ____ In Jazz ____ In Tap ____ In Gymnastics ____

List Student's Medical Conditions if any (asthma, allergies, dyslexia, etc.)

CLASSES ENROLLED IN:

**DANCE WORKS OF ENID
Release Form**

I, the undersigned, or parents
of _____,

Recognize and understand the risk of physical injury inherent in dance and dance training, and I am willing to assume those risks.

Instruction of ballet technique may require the teacher to have physical contact with the student during the class to correct body placement or in order to avoid injury. This is also true of all other forms of dance.

I hereby release Dance Works of Enid from any and all liability resulting from accident or injury that may occur during any class, rehearsal, or performance at either the studios of Dance Works of Enid, or any performance locations.

The student or parent allows Dance Works of Enid unrestricted use of all photographs, video tapes and dvds, and films by Dance Works of Enid for advertising or promotional purposes.

I have read the above, and I do agree to all conditions stated therein.

Student Signature (if 18 or older)

Date

Parent Signature

Date

Permission for Medical Treatment

I, _____ (parent), authorize the necessary steps regarding medical attention (i.e. first aid, call the ambulance service or transportation to hospital) and will allow authorized hospital faculty and staff to treat my child for any illness or injury he/she has.

Parent Signature _____ Date _____

Doctor's Name _____ Phone _____

Insurance Co. _____ Policy# _____