



Registration Form

Student's Name: _____

Birth Date: ____/____/____

Parent/Guardian Name: _____

Phone Number: _____

Emergency Contact: _____

Phone Number: _____

Current School: _____

Grade: _____

Address: _____

Email: _____

Class(es) Description:

- Ballet
- Hip Hop
- Majorette

How did you hear about us?

Family/Friend _____

Social Media _____

Internet _____

Other _____

Please read and sign:

As a voluntary participant, I recognize and acknowledge that there are certain risks of injury associated with any form of physical activity, including this activity. I affirm that my child has no physical, mental, or medical condition that to my knowledge that would endanger my child or others if my child participates. I agree to assume the full risk of injuries, damages, or loss that my child may sustain as a result of participation. I hereby acknowledge that I understand the risks of participation and release and discharge Safari Dance Studio LLC and its respective directors, insurers, instructors, employees, and representatives from any claims.

Signature (Parent or Guardian): _____ **Date:** _____

I have read the Studio Regulations (Initial): _____

Photo Release (Please Initial):

I agree that my child's image may be used in Safari Dance Studio LLC marketing materials, including print & internet. _____