

**Shakers & Movers
Dance Academy
REGISTRATION FORM**

Full Names: _____

Address: _____

_____ Code: _____

Contact number: _____ Date of Birth: _____

Guardian's Name: _____ Contact number: _____

Emergency Contact: _____ Email Address: _____

(if parent or guardian is not available):

Name: _____

Relationship to Student: _____ Phone: _____

Medical: Does your student have any medical or physical limitations? (Please circle) Yes / No

If yes, please explain: _____

Is the student on any medication? Yes / No _____

How did you hear about us?

Previous dance training? Yes / No _____

Injuries/Waiver of Liabilities/ Authorization/Consent

I hereby acknowledge that I have received/taken note of the *Shakers & Movers Dance Academy's (SMDA) necessary details and objectives* and do agree to comply with any educational requests and that the information here in set forth is correct. I understand that there is a risk of personal injury with dance classes and performances. I represent that the above-named student is in good health and physically capable of participating in dance classes, recitals, and performances. On behalf of myself (and the above-named student if different than the undersigned),

I hereby waive and release any claim against *Shakers & Movers Dance Academy's (SMDA)*, its owner, the staff, employees, landlord, and contractors arising out of personal injury occurring in connection with classes, performances or recitals. I accept responsibility for obtaining the appropriate accident, health, and hospitalization insurance to cover the student in the event of personal injury. In the event of an injury or other medical emergency, if I cannot be reached, I authorize you to seek any medical assistance reasonably required in your judgment and agree to be responsible for the medical expenses incurred on behalf of the student. I acknowledge, and I consent to the taking of photographs during classes and SMDA events, and further consent to the use of these photos in the SMDA newsletter, in SMDA advertisements as well as posting on social media in connection with SMDA. I also acknowledge receipt of, and with my signature below, agree and consent to the SMDA Terms and Conditions.

Signature of parent, guardian or adult dancer _____ Date Signed _____

FOR OFFICE USE ONLY:

Class	Day/Time	Teacher

Total Paid: _____

Paid By: _____

Ticket #: _____