



Summer Registration Form 2012

Billing/Contact Information (Person Responsible for Payments): CIRCLE ONE: NEW OR RETURNING

Customer Name: (First) (Last) Sex: (Circle One) M/F

Street Address:

City: State: Zip:

Relationship to Child: (Parent, Grandparent, etc.)

Home Phone: Cell Phone:

Email Address:

Secondary Information (2nd Contact Person):

Name: (First) (Last) Sex: (Circle One) M/F

Relationship to Child: (Parent, Grandparent, Aunt, Friend etc.)

Home Phone: Cell Phone:

Student Information: CIRCLE ONE: NEW OR RETURNING

Name: (First) (Last) Sex: (Circle One) M/F

Sex: (Circle One) M/F Date of Birth:

School: Grade:

Enrollment Information

Table with 4 columns: Class Title, Class Day and Time, Instructor, Class Cost/mo.

\$ Total Due For Classes

\$ Total Due For Extras

\$ Grand Total Due

Amount Paid Upon Enrollment (Deposit) \$ Paid on: Check # Cash Booster

Balance Due: \$ Post Dated Check (7-1-12) # Cash Booster

# 2011/2012 VIVA DANCE CO. RELEASE FORM

## **Section 1: Assumption of Risk and Waiver**

I understand that there are inherent risks of serious injury or even death possible with dance activities. I hereby, intending to be legally bound, for myself, my heirs, and assigns, executors and administrators, waive and release forever any and all liability, and all claims for damages against Viva Dance Co. LLC, its owners, teachers, choreographers, and all employees for any and all injuries and/or losses that I/my child/my ward may sustain associated with my child's participation in Viva! Dance Co. activities.

## **Section 2: Viva! Dance Co. Medical Information and Treatment Release**

In consideration of my/my child's participation in a Viva Dance Co. LLC activity, and the inherent risks of a dance activity that may result in injury/harm requiring emergency medical treatment, I authorize Viva Dance Co. LLC, its' successors or assigns, directors, employees, agents, and/or volunteers to obtain and release to any Viva Dance Co. LLC or activity personnel (including, but not limited to, organizers, instructors, adjudicators, chaperones), and to any first-aid and safety personnel, medical professionals, and treating medical facility, any information regarding my/my child's medical history, symptoms, treatment, exam results, and/or diagnosis.

## **Section 3: Viva! Dance Co. Student Media Release**

I understand that photos and/or video footage may be taken in any Viva dance class or at any performance or appearance made by Viva Dancers and hereby release all rights to use the photos and/or video footage to Viva Dance Co. LLC for the purpose of media publication, web-site use, advertisement, etc. I also understand that taking photos or video footage on Viva Dance Co. premises and/or posting them on the internet is not permitted without permission of the studio owner/director.

**I HAVE READ THIS ENTIRE RELEASE ALONG WITH THE STUDIO POLICIES AND FULLY UNDERSTAND AND AGREE TO BOTH OF THEM:**

Parent/Guardian Signature or Student Signature if over 18 years of age

X \_\_\_\_\_ Date \_\_\_\_\_

## **STUDENT HEALTH INFORMATION:**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Care Provider/Plan: \_\_\_\_\_

Allergies: \_\_\_\_\_

Chronic Illness/Injuries: \_\_\_\_\_

**How did you hear about us?    Newspaper    Phone Book    Website**

**Referral by:** \_\_\_\_\_ **Other:** \_\_\_\_\_

*\* Referring your friends and family members is the greatest compliment to us as a studio and staff!  
Don't forget to spread the word that Viva is the place to be to receive your referral rewards!*