

REGISTRATION FORM AND WAIVER AND RELEASE OF ALL CLAIMS

Please initial one of the following:

Dancer's Name: _____ Date: _____

Address: _____

City/State/Zip: _____

Age: _____ Date of Birth (including the year): ____/____/____

Parent or Guardian Name: _____

Allergies or Medical Conditions: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

How were you referred to us: _____

*Valid e-mail address (print clearly): _____

- I will pay my tuition in full upon registration in person (Lights, Camera, Dancin' does NOT issue refunds) ____
- I will pay automatically through Lights, Camera, Dancin's Dance Software. Payments will be deducted between the 10th and 15th of each month (in June the payment is deducted between the 5th and 10th). My first payment is due in person upon registration ____
- I will be purchasing a punch card (if I qualify) and paying the amount in full. ____

*A registration fee of \$15 per student or \$20 per family is due upon registration in addition to your tuition payment (this does not apply to punch cards)

*There will be a \$25 charge for all returned checks

Waiver and Release of all claims

Please read this Lights, Camera, Dancin' INC brochure carefully and be aware that in allowing yourself and/or your child (minor) to participate in any dance classes, activities, and/or events with Lights, Camera, Dancin' INC, you will be waiving and releasing all claims for injuries you and/or your child (minor) might sustain arising from any dance classes, activities, and/or events that are associated with Lights, Camera, Dancin' INC (including transportation services and vehicle operations, when provided). I recognize and acknowledge there are certain risks of physical injury to participants in the dance classes, activities, and/or events with Lights, Camera, Dancin' INC and I agree to assume the full risk of any such injuries, damages, or loss, regardless of severity, which I and/or my child (minor) may have against Lights, Camera, Dancin' INC and it's owner, officers, agents, servants, teachers, contractors, and employees as a result of participating in the above mentioned dance classes, activities, and/or events with Lights, Camera, Dancin' INC. I waive and relinquish all claims I and/or my child (minor) may have against Lights, Camera, Dancin' INC and it's owner, officers, agents, servants, teachers, contractors, and employees as a result of participating in all that Lights, Camera, Dancin' INC has to offer and I choose to participate in. I hereby fully release and discharge Lights, Camera, Dancin' INC and its owners, officers, agents, servants, teachers, contractors and employees from any and all claims from injuries, damages or losses which I and/or my child (minor) may have or which may accrue to me and/or my child minor on account of my participation and/or the participation of my child (minor) in any dance classes, activities, and/or events associated with Lights, Camera, Dancin' INC. I further agree to indemnify, hold harmless, and defend Lights, Camera Dancin' INC and it's owner, officers, agents, servants, teachers, contractors, and employees from any and all claims resulting from injuries, damages, and losses sustained by me and/or by my child (minor), and arising out of, connected with, or in any way associated with the activities or any of the events and/or dance classes with Lights, Camera, Dancin' INC. I understand that unless specifically stated in writing at the time of registration, photographs and videos of participants may be taken and used for promotional purposes. Lights, Camera, Dancin' INC does not carry medical insurance for its students. It is required that all dance students be covered by their own family insurance policies, and if injury occurs, it is understood that the student's own policy is your only source of payment. Lights, Camera, Dancin' INC does not issue refunds- NO EXCEPTIONS. I have read and fully understand the studio guidelines and details of this Lights, Camera, Dancin' INC brochure as well as the waiver and release of all claims. I agree to the above, the enclosed terms, the conditions, and the contents of this brochure and waiver and release of all claims.

CLASS	LEVEL	DAY	TIME
TOTAL WEEKLY HOURS			
BALANCE PER MONTH			
FAMILY DISCOUNT			
REGISTRATION FEE			
AMOUNT DUE UPON REGISTRATION			

Dancer's Name: _____ Date: _____

Parent's Name: _____

Parent's Signature: _____