

Students Name

DANZ-N-MOTION DANCE CENTER REGISTRATION FORM

This form is to be completed by parent/legal guardian

Last		First	In	itial	
Home					
	Street				
Address					
City			State	Zip	
Phone Health	Date of Birth		Age	Sex	
Concerns					
I know of no health reason(s), on N-Motion, LLC, dance classes its directors and/or employees r	or related activities. I understa	nd that I as parent	/guardian/self will not	nold Danz-N-Motion, LLC	
School, Clarksburg Town Cent					
I further understand that there a	re NO refunds for missed class	ses.			
I release Danz-N-Motion, LLC for advertisement of Danz-N-M that these sites will not be comp	otion, LLC. While I understar				
Signatui	e of Parent or Legal Guardia		D	ate	
Parent's Name					
Last		First	In	itial	
Phone	Work Phone		Cell Phone		
Home E-mail Addı	Home E-mail Address		Work E-Mail Address		
In case	of emergency please notify th	e following (other	r than parent/legal gu	ardian):	
Name					
Last		First	In	itial	
Home					
	Street				
Address					
City			State	Zip	
Phone			Relationship to student		
Physician's Name		Phone			
Incurance Company		D	oliov Number		
Insurance Company Policy Number					

<u>DANZ-N-MOTION, LLC</u> <u>WAIVER</u>

Student's Name:	
Class Registering for:	
Clarksburg Town Center and traveling to Convention teachers, students, and their parents (guardians) are a dance. By signing this waiver, you do hereby enroll the Danz-N-Motion, LLC, the Water's Landing Commun Center and its staff, instructors, and other personnel, accident occurring or arising from the instructional pu- which may be sustained by your child while attending	Is landing Community Center, Rocky Hill Middle School, as/Competitions recognize our obligation to make sure our aware of the risks and hazards involved in the sport of the above named student, in the program, and do release ity Center, Rocky Hill Middle School, Clarksburg Town from all claims or liabilities, on account of any injury or rogram or sponsored activities, either on or off premises, any dance class, Convention/Competition associated with nity Center, Rocky Hill Middle School, Clarksburg Town
parent /guardian/emergency contacts of the child are provided in this agreement, I further authorize Danz-retain the services of a doctor or other competent med assume the responsibility for the payment of any such year from the date given below.	tal sponsored activities either on or off premises. If the not immediately available, at the telephone numbers N-Motion, LLC or such agents as they may authorize to lical person in order to treat the said minor. You also treatment. This release is effective for the period of one
Insurance Company:	
Policy Number:	
Child's Physician:	
Address:	
Phone:	
Known Allergies:	
Student's Signature:	Date:
Parent Signature:	Date:
<u>Release Form f</u>	for Media Recording
I, the undersigned, do hereby grant permission to Dan	nz-N-Motion, LLC to use the image of my child, my selection below. Such use includes the display,
distribution, publication, transmission, or otherwise u	se of photographs, images, and/or video taken of myself &
	may not be limited to, printed materials such as brochures
and newsletters, videos, and digital images such as tho	se on the Danz-N-Motion, LLC Web site.
☐ Grant permission to use my image in the foll	owing ways
Signature:	Date: