

DanzQuest Registration Form

NAME: _____
(First) (MI) (Last)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BIRTH DATE: ____ / ____ / ____ AGE: _____ MALE / FEMALE

CLASS ASSIGNMENT SUMMER

1st session – class/day/time _____ / _____ / _____

2nd session – class/day/time _____ / _____ / _____

CLASS ASSIGNMENT FALL

CLASS _____ DAY/TIME _____

CLASS _____ DAY/TIME _____

CLASS _____ DAY/TIME _____

CLASS _____ DAY/TIME _____

PAYMENT PLAN (circle one):

OPTION (A) YEAR IN FULL

OPTION (B) MONTHLY PAYMENTS

AS IN ANY PHYSICAL ACTIVITY, THERE IS A RISK OF INJURY, ILLNESS OR SICKNESS. DANZQUEST DOES NOT CARRY INSURANCE FOR INDIVIDUAL STUDENTS AND REQUIRES THAT EACH STUDENT HAVE THEIR OWN MEDICAL COVERAGE. BY SIGNING BELOW, I AGREE NOT TO HOLD DANZQUEST LIABLE FOR ANY INJURY, ILLNESS OR SICKNESS. I UNDERSTAND THAT ANY MEDICAL BILLS INCURRED AS RESULT FROM INJURY, ILLNESS OR SICKNESS WILL BE MY SOLE RESPONSIBILITY. I DO NOT HOLD DANZQUEST LIBABLE. I HEREBY FOR MY CHILD AND MYSELF WAIVE AND RELEASE ANY AND ALL CLAIMS WHICH MAY BE SUFFERED BY MY CHILD WHILE PARTICIPATING IN OR FOR DANZQUEST. I GIVE MY PERMISSON FOR IMAGES OF MY CHILD, CAPTURED IN CLASS, REHERSALS, PERFORMANCES AND SPECIAL ACTIVITIES THROUGH VIDEO, PHOTO AND DIGITAL CAMERA TO BE USED FOR THE PURPOSES OF DANZQUEST PROMOTIONAL MATERIAL, NEWSLETTERS, WEBSITES AND PUBILICATION. I HAVE RECEIVED, READ AND UNDERSTAND THE STUDIO INFORMATION, POLICIES AND COMPANY CONTRACT STATED AT THE STUDIO AND ON STUDIO WEBSITE.

(PARENT OR GUARDIAN SIGNATURE)

(DATE)

CONTACT INFORMATION:

MOTHER: _____
WORK/CELL: _____
HOME: _____

FATHER: _____
WORK/CELL: _____
HOME: _____

E-MAIL ADDRESS FOR DANZQUEST NEWS, ECT. _____

EMERGENCY CONTACT and PHONE NUMBER: _____

ALLERGES _____