



Dance Registration 2016 -2017

Dancer's Name **Birth date** **Age as of Jan 2016**

Parents Names **Home Phone Number**

Mom Cell and Email **Dad Cell and Email**

Student's Cell phone and email

Medical Release:

I/we, the parents/guardians of _____ hereby permit the above named student to participate in all dance activities or other physical activities while a student of Infinity Dance. By granting permission of said student to participate in this program, I/we hereby assume full responsibility for said student's personal safety and release Infinity Dance, instructors and: whether paid or volunteer employees from and all liabilities that may occur from any injury, including death to said student that may arise by said student's participation in this program. I/we understand that there is personal risk involved in any activity that includes motion or height and that these activities can result in serious injury, disability, and death while at Infinity Dance or while participating in an Infinity Dance activity away from the Infinity Dance Training Center. I/we furthermore hereby to agree to hold harmless Infinity Dance, it's instructors, employees, or servants whether paid or volunteer, against any and all claims which may arise while participating at Infinity Dance. I/we have received and read the Infinity Dance rules and regulations and agree _____ my child is allowed to fully participate with Infinity Dance and it's affiliates.

Parent/ Guardian Signature of agreement _____ **Date** _____

Physician's Name **Insurance Company** **Phone Number** **Policy Number**