



2011-2012 Student Registration Form

Student Name: _____ Date of Birth: _____
Address: _____ City/Zip: _____
Parent Contact: _____ Home Phone: _____
Cell Phone: _____
E-Mail Contact: (Mandatory) _____
Emergency Contact: _____ Emergency Phone: _____
Student's School: _____ Grade: _____

MEDICAL HISTORY

DOCTOR: _____ PHONE: _____

Has your child ever been advised by a medical doctor not to participate in any athletic activity? If so, please explain: _____

ALLERGIES: Foods, Medicines, Insects, Plants, etc...: _____

MEDICATIONS: If so, please list them here: _____

Does your child have any of the following? ADD/ADHD, Asthma, Anemia, Diabetes, Heat Exhaustion, Hemophilia, Heart Trouble, IBS, or Nausea/Vomiting. If so, please identify and explain: _____

Has your child had any major illness or surgery in the last three years? If so, please explain: _____

I AGREE THAT MY CHILD IS COVERED EXCLUSIVELY BY INSURANCE AND I AM FULLY RESPONSIBLE FOR ALL OF MY CHILD'S PAYMENTS:

Parent/Guardian (signature): _____ Date: _____

I HAVE READ SAVAGE DANCE COMPANY'S POLICIES AND PROCEDURES IN THEIR ENTIRETY, UNDERSTAND THEM, AND AGREE TO COMPLY WITH THEIR CONTENTS. I ACKNOWLEDGE AND UNDERSTAND THAT, UPON SDCS ACCEPTANCE OF THE REGISTRATION, DANCERS ARE ENROLLED AND FINANCIALLY RESPONSIBLE FOR TUITION UNDER THE PLAN SELECTED. I FURTHER UNDERSTAND THAT THE DANCE YEAR COMMENCES IN SEPTEMBER 2011 AND CONTINUES INTO JUNE 2012 (A 9.5 MONTH PERIOD).

I HEREBY RELEASE AND REQUEST SAVAGE DANCE COMPANY TO ACT FOR ME ACCORDING TO THEIR BEST JUDGEMENT IN ANY EMERGENCY WHICH MAY REQUIRE MEDICAL ATTENTION TO MY CHILD, AND I HEREBY WAIVE AND RELEASE SAVAGE DANCE COMPANY, INC. AND ALL OF ITS INSTRUCTORS AND INDEPENDENT CONTRACTORS FROM ANY AND ALL LIABILITY FOR ANY INJURIES OR ILLNESSES WHILE TRAVELING TO AND FROM THE STUDIO, AND WHILE RECEIVING INSTRUCTION AT SAVAGE DANCE COMPANY, INC. FURTHERMORE, I UNDERSTAND THAT ALL MEDICAL/DENTAL EXPENSES INCURRED WILL BE THE SOLE RESPONSIBILITY OF THE STUDENT OR STUDENT'S FAMILY.

IN LIEU OF A MEDICAL CERTIFICATE SIGNED BY A PHYSICIAN, I HAVE NO KNOWLEDGE OF ANY PHYSICAL OR MENTAL IMPAIRMENT THAT WOULD BE AFFECTED BY THE NAMED STUDENTS' PARTICIPATION IN THIS PROGRAM, AS OUTLINED IN THE AFOREMENTIONED MATERIALS AND INFORMATION READILY AVAILABLE AT THE STUDIO AND ON THE WORLD WIDE WEB, AT WWW.SAVAGEDANCE.NET, WHICH I HAVE READ AND UNDERSTOOD.

FURTHERMORE, I UNDERSTAND THAT SAVAGE DANCE COMPANY, INC. RESERVES THE RIGHT TO USE ANY PHOTOGRAPHY, VIDEO, RECORDINGS OR ANY OTHER RECORD OF EVENT OR CLASS FOR PUBLICITY, ADVERTISING OR ANY OTHER PROMOTIONAL PURPOSE. I ALSO UNDERSTAND THAT SAVAGE DANCE COMPANY, INC. IS NOT RESPONSIBLE FOR ANY BELONGINGS LEFT IN STUDIO OR OUTSIDE THE STUDIO.

Parent/Guardian (signature): _____ Date: _____

