

**Student Information**

Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Class Information - Please see Summer Information sheet for schedule:**

Please make one selection and **circle morning or evening**:

- Ballet only (Morning or Evening)
- Gymnastics only (Morning or Evening)
- Ballet/Gymnastics combo (Morning or Evening)
- Gymnastics/Hip-Hop combo (Evening only)
- Hip-Hop only (Evening only)

**(Please return this form by Thursday, May 16th.)**

**Legal Release, Policy Acceptance and Waiver of Liability (please initial)**

\_\_\_\_\_ I/we understand my billing obligations and payment policies.

\_\_\_\_\_ I/we give media use permission and understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

\_\_\_\_\_ I/we have read the Miss Pat's School of Dance studio handbook.

\_\_\_\_\_ I hereby release, indemnify and hold harmless Pat's School of Dance its owners, advisors and all employees and agents of these parties from all liabilities, suits, claims and/or demands of any kind or nature, legal, financial, whether caused in any way by the negligence or not arising from the participation in or observation of any Miss Pat's School of Dance activity for injuries to any person or property, whether on or off the premises. The student/participant named above does voluntarily participate in any Miss Pat's School of Dance activities and the student/participant and I understand that certain risks are inherent to and from participation and involvement with Miss Pats School of Dance and its various formal and informal activities.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date