



New/Returning Student REGISTRATION AND RELEASE FORM

TODAY'S DATE _____

STUDENT'S NAME _____ **HOME PHONE** _____

ADDRESS or BOX _____ **CITY** _____ **STATE** _____ **ZIP** _____

E-MAIL ADDRESS _____

Yes ____ No ____ I can get ALL flyers & information by email from now on about Footlight Dance.

PARENT - MOTHER _____

PARENT - FATHER _____

ADDRESS (if different) _____

STUDENT'S AGE & BIRTH DATE _____

CURRENT LEVEL OF SCHOOL _____

BUSINESS PHONE _____ **mom cell** _____ **dad cell** _____

EMERGENCY CONTACT _____ **PHONE** _____

FISCAL RESPONSIBLE PARTY - Name _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

I agree to take all and total responsibility on financial payments.

SIGNED : _____ **DATE** _____

Footlight Dance Centre instructors will take all precautions to prevent accidents. They will administer simple first aid to all minor injuries.

Medical Consent: In event of injury, I hereby authorize the program officials/instructors of Footlight Dance Centre to arrange for medical services as may be deemed reasonable and necessary to the welfare of the injured, and I do hereby release Footlight Dance Centre and all others from all liability in taking such action, including all action which may be contrary to personal religious beliefs. I the undersigned, have read this Release and Consent to medical treatment and understand all its terms. I execute it voluntarily and with knowledge of its significance.

Liability Release : I do hereby agree to release Footlight Dance Centre and all other cooperating agencies, employees, official instructors or managers thereof, from all liability for damages by reason of injuries or property damages that may be sustained as a result of participation in this program.

SIGNED : _____ **DATE** _____

Note : Please list any old/reoccurring injuries, and any special problems or medication a student may have.

Photo Release : I, the undersigned, hereby give Footlight Dance, permission to use the photographs, motion pictures or any reproductions of my physical likeness taken of me in any manner it deems proper. I relinquish all rights, title, and interest I may have in the finished pictures, negatives, and copies. I waive the right of prior approval and hereby release Footlight Dance, its agents, and/or assignees from any and all claims from damages of any and all kinds based on the use of said material. I hereby warrant that I am a parent or legal guardian of the subject of photography, who is under eighteen years of age, and am competent to act in his/her behalf insofar as the above is concerned.

Signature of Parent/Guardian _____ Date _____

Hilarie Neely, Director P.O. Box 3593 Ketchum, Idaho 83340

www.footlightdancecentre.com