



REGISTRATION AND WAIVER

*must be signed to participate

Participant Name(s) _____ / _____ Age ____ / ____

Parents Name(s) _____ / _____

Parents Phone Number(s) _____ / _____

Classes Taking (circle)

Intermediate: Hip Hop Jazz Lyrical

Advanced: Contemporary Hip Hop Jazz

Emergency contact number:

NAME _____ Phone _____ Relationship _____

Do you have any **special medical concerns** that we should be aware of?

Medical Concerns: _____

Parent or Legal Guardian:

My signature below releases *S&R Dance*, its officers, directors, staff, employees, independent contractors, volunteer helpers, and landlords from any liability that may result from participating in any function sponsored by *S&R Dance* or any use of the dance studio proper. I understand that dance by its nature is very physical and assumes some risk of injury.

***Signature** _____

Date _____