

EVOLVE DANCE COMPLEX
Student Registration Form 2020–2021
Student's Name (First, Last): _____

Date of Birth : _____

Grade _____ School Attending _____

Have prior dance experience: y n How many years: _____

Mailing Address: _____ City/Town _____

State: _____ Zip: _____ Phone: _____

Guardian Name: _____

Guardian Cell #: _____

Emergency Contact Name /Number: _____

*Email address (required): _____

Please advise us of any medical conditions that may affect the student's participation: _____

Agreement for Participation:

Please read and sign the following policies and releases: I understand that dance classes may include, without limitation, dancing with props, stretching, Acro, tumbling, barre work, across the floor combinations, dance routines, and other related activities. I further understand that all of the activities of the dance class involve some degree of risk of strain or bodily injury.

Insurance Agreement: I agree to release, discharge, and hold harmless Evolve Dance Complex and its staff, of and from any claims, demands or liability of damage and/or injury arising from the participation of my child in any programs of Evolve Dance Complex. In the event my child becomes injured and/or ill, I authorize the staff of Evolve Dance Complex to obtain medical attention for my child at a physician's office or hospital. I understand that every effort will be made to reach me before medical permission is given to treat my child.

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that Evolve Dance Complex has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I acknowledge and understand that Evolve Dance Complex can not guarantee that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, studio faculty and staff, studio volunteers, and other studio dancers and their families. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Evolve Dance Complex.

My child has the following insurance coverage:

Insurance Company: _____

Insurance Phone Number: _____ Group #: _____

I have read and understand all the content stated therein including:

*Studio Policies & Procedures *Tuition & Payment Information *Dress Code & Class Procedures, Covid-19 policies and procedures and I agree to be responsible for reading studio correspondence and respecting guidelines and deadlines.

I hereby acknowledge that I have read the statements above and agree to participate accordingly.

Date: _____ Signature: _____