



# Anita's Studio of Dance & Theatre Arts

508 Larkfield Road, (Tick Tock Center), East Northport, NY 11731 • (631) 368-7505

## SUMMER 2019 REGISTRATION FORM Registration Form - Please Print ALL Information

Student's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents' First Names: \_\_\_\_\_ & \_\_\_\_\_

E-Mail: \_\_\_\_\_

We use e-mail for notifications including snow closings, billing reminders, and recital information. Your e-mail address will NEVER be used for anything other than official dance studio correspondence. Please add Anitasdance@mail.com to your allowed senders list so our email does not get routed to your spam file.

Class(es) to be enrolled in:

<u>Day</u>	<u>Time</u>	<u>Class</u>	<u>Teacher</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ALL CLASSES ARE SUBJECT TO CANCELLATION IF ENROLLMENT DOES NOT MEET A MINIMUM OF 7 STUDENTS.**

**FULL PAYMENT OF SUMMER TUITION IS DUE AT REGISTRATION.**

### Liability Waiver:

I/we (the dancer and/or parent/guardian) realize that participation in dance classes and activities could involve some possible personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, I/we assume all risks related to the use of any and all spaces used by Anita's Studio of Dance & Theatre Arts. In the event of an injury or emergency, if I am unable to be contacted, I give permission for Anita's Studio of Dance & Theatre Arts to obtain medical services for me/my child.

I/we agree to release and hold harmless Anita's Studio of Dance & Theatre Arts, including its teachers, dancers, staff members, and facilities used by both entities from any cause of action, claims, or demands now and in the future. I/we will not hold Anita's Studio of Dance & Theatre Arts liable for any personal injury or any personal property damage, which may occur on the premises before, during or after classes. Furthermore, I/we agree to obey the class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Anita's Studio of Dance & Theatre Arts.

### Photo/Video Release:

I/we hereby give permission for images of me/my child, captured during regular classes and special activities through video, photo and digital camera to be used solely for the purposes of Anita's Studio of Dance & Theatre Arts promotional material and publications, and waive any rights of compensation or ownership thereto.

Name of Dancer: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use:

Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Payment Method: \_\_\_\_\_ Rec'd By: \_\_\_\_\_