

Registration Form

Student Information

Student Name _____ Date _____

Date of Birth (mm/dd/yy) _____ Grade Level _____

How did you hear about us? _____

Mailing Address _____

Student Phone _____ Email _____

Medical Limitations/Allergies _____

Parent/Guardian/Emergency Contact Information

Name _____ Relationship to student _____

Phone _____ Email _____

Name _____ Relationship to student _____

Phone _____ Email _____

Preferred method of contact for late class cancellation/schedule change notifications? **Text / Email**

Text number or Email _____

Class	Day/Time	Hours per week

Hours per week _____ Monthly Tuition \$ _____

Make checks payable to **Brooke Stroud Dance**. Bring this form to the studio or mail to:

Brooke Stroud Dance, 3472 Research Pkwy # 104-221, Colorado Springs, CO 80920

Waiver and Liability Release Form

Participant's Name _____

Please Read and Initial after each statement

*I understand that dance is a physical activity and that injuries will happen. Recognizing the risks of illness and injury inherent in any program, I HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge Brooke Stroud Dance, LLC and its agents, employees, officers, directors, affiliates, successors and assigns, coaches, teachers and trustees of and from any and all claims, costs, demands, debts, contracts, expenses, causes of action, lawsuits, judgments, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my participation in any of the events, classes, or activities conducted by, on the premises of, or for the benefit of, Brooke Stroud Dance, LLC or any illness or injury resulting therein provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct. _____

*I hereby affirm that the above named participant is in good physical condition and does not suffer from any disability that would prevent or limit participation in the enrolled classes. _____

*I hereby grant the Brooke Stroud Dance, LLC staff permission to administer first aid help and/or call 911 in case of medical emergency while participant is attending classes, rehearsals, and performances. I understand that Brooke Stroud Dance will attempt to first notify parents and guardians in case of emergency. I understand that in case of illness, injury, accident, or any other damage to the student's/parent's person/property while participating in Brooke Stroud Dance sponsored activities on or off premises which may require attention by medical professionals, I will bear the expense personally or by insurance that I have provided for myself or family. _____

*I do not hold Brooke Stroud Dance, LLC responsible for any stolen or lost belongings or personal property damage. _____

*I understand that classes with an enrollment of less than three (3) students are subject to cancellation or combine with other classes. _____

*I understand that registration fees, material fees, costume fees and pre-paid tuition are non-refundable and that there are no refunds or credits for missed classes. _____

* I/we consent that photographs, film, video, digital and/or video recordings of the dancer can be used without further consent, consideration, or compensation. Brooke Stroud Dance, LLC has my permission to use these for the purposes of marketing, advertisement, promotion, public relations, demonstration, and display. _____

Parent/Guardian's or Participant's (if 18 or over) Signature: _____

Date: _____