

# DANCE BRANSON SCHOOL OF THE ARTS STUDENT REGISTRATION FORM

**SESSION** (CIRCLE):    **FALL**                      **SPRING**                      **SUMMER**                      **YEAR:** \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ AGE & GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

PARENTS/RESPONSIBLE PARTY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

EMAIL: \_\_\_\_\_

IF PARENT/RESPONSIBLE PARTY CANNOT BE REACHED CALL: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

**CLASSES / CAMPS STUDENT IS REGISTERING FOR:**

	CLASS	DAY	TIME
CLASS #1			
CLASS #2			
CLASS #3			
CLASS #4			
CLASS #5			
CLASS #6			
CLASS #7			
CLASS #8			
CLASS #9			
CLASS #10			

**SEE REVERSE SIDE PLEASE →**

**EMERGENCY DIRECTIONS:**

When a student suffers a serious injury or illness while at Dance Branson, first aid will be rendered and an immediate and continuing effort will be made to reach the parent, guardian or emergency contact of that student. If parent or guardian cannot be reached by telephone in the event of an emergency, an ambulance will be called to assist the student to a medical facility. Parents/guardians must be aware, however that in most situations a medical facility and/or physician will not treat a minor child without parental consent.

PHYSICIAN NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

KNOWN ALLERGIES: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

MEDICATION CURRENTLY TAKING: \_\_\_\_\_

**LIABILITY RELEASE**

I hereby state that the students(s) listed on this form is in good physical health and has no physical impairments that would prevent participation in classes or public appearances arranged by Dance Branson School of the Arts. I understand that physical activities involving motion carry a possibility of injury. The student listed on this form is participating in these activities at her/his own risk. I understand that during class, teachers may use hands-on techniques for the teaching of proper positions and prevention of injuries. I hereby waive and release any and all claims I may, or in the future, have against the instructors, employees, contractors or owners of Dance Branson School of the Arts while participating in class, rehearsals or public appearances arranged by Dance Branson.

\_\_\_\_\_ My child has permission to walk to Jayne Dough with a group of 3+ dancers.

\_\_\_\_\_ My child **DOES NOT** have permission to walk to Jayne Dough with a group of 3+ dancers.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

**PHOTOGRAPHY/ VIDEO RELEASE**

I understand that pictures or video taken during classes; rehearsals or performances of the student(s) listed on this form may be used for promotional purposes. I hereby authorize Dance Branson sole exclusive rights to use, publish, copy, print, copyright or electronically transfer any or all photographs, video, or audio clips taken of said student. I also agree that Dance Branson may use such photographs, video and audio recordings for any lawful purpose, including but not limited to; publicity, illustration, advertising, marketing, copyrighting and Web content.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_