

## **Summer Intensive 71/19 - 7/26/19**

## **Registration Form**

Date					
Dancer's Name		 Last		Male	Female
Date of Birth	Age	Height_		Weight	
Address					
City			State	Zip	
E-Mail Address			Home Phone		
Mother's Name			Cell Phone		
Firs	st Last				
Father's Name			Cell Phone		
Tins	zu zust				
Dance School/Company_					<del></del>
Ballet Technique	Pointe	Modern	Other		
		In Case of an Em	ergency		
	work/superdisc socrat b		· ,		
In an emergency when pa	arent/guardian cannot b	e reached please conti			
Name	Last		Relationship		
Home Phone			Cell Phone		
		<del></del>	<u></u>		<del></del>
		ntensive Audition: \$25	5 Fee		
Classical Int	ensive : 4 Weeks -\$1,70	0			
- Classical Inte	ensive : 2 Weeks -\$1,150	J			
Classical Inte	ensive : 1 Week -\$550				
☐ Fairy Tale Ca	mp (Aug 5-9; Ages 7-11	yrs): 1 Week -\$275			
	*Note: Registration Fee and	Registration Form must b	pe submitted NO LATER TH	IAN June 10, 2019.	
Signature			Signature		

Parent or Legal Guardian (if student under 18 years of age)

Student Applicant (if over 18 years of age)



## **Emergency Medical Release & Liability Waiver**

I, the undersigned the dancer or parent/guardian of the above listed dancer (if dancer is under the age of 18) acknowledge and fully understand that each dancer will be engaging in activities that involve risk of injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the routine of the training, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Victor & Tatiana, Victor & Tatiana Dance Academy, its directors, instructors, managers, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of business premises used to conduct event, all of which are hereinafter referred to as 'releases', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the dancer as a result of the dancer's participation in the academy programs.

Each dancer should be in good physical condition and has been found physically capable of participating in the dance academy programs. In case of emergency, I hereby give my consent to have V&T Dance to contact 911 for necessary medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releases from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releases because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releases.

I have read the above waiver/release and I have signed this medical release and liability waiver form voluntarily. I understand that this document may not be altered in any manner and that any alternation without the express written consent from Victor & Tatiana Dance Academy will cause the dancer to be removed from the Program.

Dancer's Name	
Student/Parent/Guardians Signature*	
Date	

<sup>\*</sup>Must be signed by parent or legal guardian if student is under the age of 18

