

Grays Harbor Dance



Registration Form

Students Name _____ Age _____

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Daytime Phone Evening Phone Cell Phone TEXT?

Mothers name _____ Fathers Name _____ (or Legal Guardian) _____

Mailing Address (Street, City, State, Zip) _____

Email address *(this is very important, as I use email for a majority of correspondences)* _____

Emergency Contact Name, _____ Relationship, _____ Phone # _____

I understand that Payments are due the first of the month unless pre authorized in writing.

I understand that students can be dropped off no more than 10 minutes early and will be picked up promptly after their class.

I understand that childcare and supervision are not provided outside of class time, and once student leaves the classroom Lindy, Grays Harbor Dance or any affiliates are no longer responsible for my child.

Extra rehearsals will be scheduled the end of May and throughout June. The Recital will be held father's day weekend.

I understand my child's performing in this recital requires a commitment to attend all rehearsals and performances. Parents are also required to attend certain rehearsals, and with younger age groups attend all dress rehearsals.

I hereby understand and acknowledge this commitment for my child and myself.

Parent/guardian signature _____ Date _____

Grays Harbor Dance



Insurance Waiver Form

I hereby agree to hold harmless and indemnify Lindy Parker, Grays Harbor Dance, her family, agents, employees and anyone who assists in any way with Grays Harbor Dance activities on any and all claims, demands, action and causes of action whatsoever, including, but not limited to, legal fees, medical expenses, and cost for bodily injury or any other damages arising out of my/my child's participation in dance class or any action or activities associated therewith.

I hereby acknowledge that in consideration of my child being permitted to participate in this activity, I expressly agree to assume this risk of any bodily injury or other damages resulting therein. I have read this document and fully understand its contents.

Name of student participating in class or classes at Grays Harbor Dance

Signature of Parent/Legal Guardian

Date