

Heart & Sole Registration and Information Form

Student Name: _____ Age: _____

Birthday: _____ Parent/Guardian: _____

Address: _____

Phone Number: (H) _____ (C) _____

Email: _____

Allergies or Important Medical
Information: _____

Physician Name/Phone Number: _____

Emergency Contact & Relationship to student: _____ Phone

Number of Emergency contact: _____

I grant permission to the staff of the dance school to take first aid or emergency measures as judged necessary for the care and protection of my child while under the supervision of the school. In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the emergency unit deems it necessary. I understand that in some medical situations the staff will need to contact the emergency resource before the child's parent, physician, and or other person acting on the parent's behalf. I also understand and agree that the child's parents or legal guardians shall be responsible for any expenses incurred. As the parent/legal guardian of _____, I agree to hold harmless from any and all liability the school, its officers, employees or instructors both in their professional capacity and personally for all injury or illness resulting from or in any way connected with his/her participation in the classes, activities or special events at the school. I understand that it is the school's policy that while under the supervision of the school no child is allowed to leave the building without a parent/legal guardian or the written permission of a parent/legal guardian and that the parent/legal guardian assumes full responsibility for the actions and behavior of the child within the dance school and on the dance school property. Parents/legal guardians give their permission to the school to use photos and/or video of their child without remuneration in connection with school publications, advertising, TV and news coverage. Initial _____

*I am aware that there will be **no refunds** available for illness or missed classes.*

Parent/Guardian Signature: _____ Date: _____