

The Dance Cooperative

5202 Carolina Beach Road, Wilmington, NC

(910) 763-4995 · www.thedancecooperative.org · dancecooperative@gmail.com

DC Child & Teen Dance Registration

Student Name: _____ Date of Birth: ___/___/___

Family Information

Parent(s)/Guardian

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Please provide contact numbers for both parents and guardians where applicable

Home: _____ Work: _____ Work: _____

Cell: _____ Cell: _____ Other: _____

Registration Information

I am enrolling my child in:

Monthly Tuition: \$ _____ Scholarship Request: _____

I have read and agreed to the terms of the Dance Cooperative's policies. My signature below certifies my agreement to comply with all terms and conditions of this agreement.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Please print): _____

DC Representative Initial:

Registration/Deposit Paid: \$ _____

Date: _____

Receipt #: _____

Student Photo/Video Release

The Dance Cooperative will on occasion use photos/video for advertisements, grant applications etc. and would like to have permission to use photos/video taken of your child during class, performance or another dance event. The child's name will not be used.

Please indicate if it is permissible to include images of your child in photo/video material used by the Dance Cooperative

Yes, you have my permission

No, you do not have my permission

Parent/Guardian Signature: _____ Date: _____

DC Representative Initial:

Waiver of Liability

I, _____, acknowledge that I have been informed of or am aware of the nature of the instruction that I/my child (print child's name) will receive and that such instruction involves physical exercise and stress, which could result in injury. It is further agreed that I hereby waive all claims and hold the Dance Cooperative and its instructors harmless for any such injury incurred during the course of instruction. In the case of my absence, I release the Dance Cooperative to obtain proper medical treatment in the case of an emergency.

Please list all allergies or medical conditions that we should be aware of:

I understand and agree to the liability terms and conditions above and have provided the Dance Cooperative with all requested and relevant information.

Parent/Guardian Signature: _____ Date: _____

DC Representative Initial:

Medical Authorization

I give my permission for my child(ren), in case of emergency, to be transported to a physician or hospital by Dance Cooperative staff or volunteers. I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician selected by the adult chaperone to hospitalize and secure proper treatment (including surgery) for my child.

Medical History:

Medications:

Accident/Hospital Policy Name:

Policy #:

Policy Holder's Name:

Parent/Guardian Signature: _____ Date: _____

DC Representative Initial: