



AMBASSADORS OF DANCE

Registration Form for Short-Term Enrollment

Dancer Name: _____ Age: _____ Birth Date: _____

Address/City/Zip: _____

Phone: _____ email: _____

Is dancer currently enrolled at Dancing Feats Dance Centre? Y or N

If not, how did you find us? Online _____ Sign _____ Ad _____ Referral from: _____

Activity enrolling for (please check one):

Please note all payments are at time of registration, and are non-refundable for any reason. _____

One Time Trial Class _____ Fee: \$10 (waived only during Try-It Week)

Can be applied toward \$20 Registration Fee if Dancer enrolls for class.

Discover Dance: Session #: _____ Day: _____ Time: _____ Fee: _____

Summer School (Day/Time/Type) _____ Fee _____

Session(s): _____ Fee _____

Dance Intensive Type & Session: _____ Fee _____

RELEASE OF LIABILITY, WAIVER OF LIABILITY, ASSUMPTION OF FULL RESPONSIBILITY OF ALL RISKS OF BODILY INJURY OR DAMAGES

As a participant myself and/or as a parent or legal guardian of the above registered student(s), I give my consent for her/him to participate in the programs of Ambassadors of Dance. I confirm I or this student is in good health. I understand that participation in dance, tumbling/gymnastics, fitness class, stretching and other related activities may result in injuries such as muscle strains/tears, broken bones, and severe injuries such as paralysis or even death. I am fully aware of the risks and possibility of injury involved in these activities and assume full responsibility for such risks. I agree to provide health insurance for myself or for the minor child(ren), or otherwise guarantee payment of any medical expenses incurred as a result of training, performing, or participating in the activities of Ambassadors of Dance. I agree that for the safety of myself or my child(ren), we will abide by the Dress Code Policy, including appropriate footwear. I understand it is the dance studio's intent to provide for the safety and protection of me and/or my child(ren), and in consideration for allowing myself and/or my minor child(ren) to participate in activities with Ambassadors of Dance, I waive any and all rights or causes of action against Elizabeth Boggon, Ambassadors of Dance, its employees, contractors, landlord and any facility/organization hosting a dance event in which Ambassadors of Dance participates for any injuries suffered by me or my child(ren) and other damages suffered by my child(ren) or myself while under the supervision or control of Ambassadors of Dance, its employees and independent contractors. This acknowledgment of risk and WAIVER OF LIABILITY has been read by me, understood completely and signed voluntarily. I am 18 years of age or older. This agreement will remain in effect until written revocation is

Parent/Guardian or Adult Student Signature

Date

Parent or Adult Student Name- Please Print

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