**Jagoda Dance Ensemble**

**Dancer Registration Form: September 2019 - June 2020**

**DANCER INFORMATION**

Dancer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about our ensemble? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDIA RELEASE**

I agree that any images taken of me/my child during any workshop, program or event may be used by Jagoda Dance Ensemble for archival, documentation or publicity purposes.

I (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission to use any photos/videos obtained by Jagoda Dance Ensemble on their website, Facebook and any advertising to promote the dance group.

|  |  |  |
| --- | --- | --- |
| **Print your name:** | **Signature:** | **Date:** |

**PAYMENT INFORMATION**

**Fall season – $75 Spring season – $75**

**Family - $110 per season.**

*Payable to The* ***Jagoda*** *Dance Ensemble (check, cash, online).*

All payments are due by the second week of the season.

For practice dates, please download the schedule from our website [www.JagodaDance.org/AboutUs](#_top)

**There will be no refund if you skip the practice.**

**RELEASE AND WAIVER**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby release, waive and discharge Jagoda Dance Ensemble and their affiliates, trustees, directors, officers, employees and agents (“Releases”) from any and all liability for injury, loss, damage, obligation, expense or penalty, including attorneys’ fees, that I may cause or sustain in connection with my participation with Center classes or workshops, whether caused by the negligence or carelessness of Releases or otherwise**.**

I understand that Releases do not have medical personnel available during Jagoda Dance Ensemble rehearsals and performances, do not maintain liability or other insurance coverage for classes, workshops or programs, and agree that Releases assume no responsibility for any injury or damage that might arise out of or in connection with my/my child’s participation with any such activity. By signing below, I knowingly and voluntarily assume all such risks, and assume sole responsibility for any accident or injury to myself/my child and other persons or property arising out of or in connection with participation in Jagoda Dance Ensemble classes or workshops. In addition I certify that I/my child have/has adequate coverage under a health and accident insurance policy applicable to the activities in which I/my son/daughter may engage.

I certify that I am in proper physical condition to participate in the exercise/dance program and that I have been examined by a licensed physician and found to be in proper physical condition to participate in said program. I, the undersigned, do hereby authorize the Jagoda Dance Ensemble or their staff to obtain medical treatment for myself/my child in emergency situations if needed. I understand that I am responsible for any medical expenses and that the absence of health insurance does not make the Jagoda Dance Ensemble responsible for payment of medical expenses. This authority includes the power to authorize any and all treatment deemed necessary under the circumstances by a licensed physician. This power is in essence a power of attorney and shall remain in effect for one year from the date signed below.

In signing this Release and Waiver, I represent that I have read its contents, that I understand it and that I sign it voluntarily or on my child’s behalf as my own free act and deed. I further state that I am at least eighteen (18) years of age, am fully competent to sign this document and that I execute this Release in consideration of my/my child’s participation in Jagoda Dance Ensemble activities and programs, fully intending to be bound by same.

**THIS IS A RELEASE AND WAIVER OF LEGAL RIGHTS. READ BEFORE SIGNING**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Guardian (if under 18 years old): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_