

# Class Enrollment Form 2021-2022 Date \_\_\_\_\_

Turn in this form with registration form, registration fee and tuition. One form per dancer. PRINT CLEARLY!

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Parents' names \_\_\_\_\_  
if a minor IMPORTANT!

Address \_\_\_\_\_ Main email: \_\_\_\_\_  Female  Male

City \_\_\_\_\_ ZIP \_\_\_\_\_ Ph. #s: Home \_\_\_\_\_ Bus.: \_\_\_\_\_ Parents Cell: \_\_\_\_\_

I am a:  CONTINUING STUDENT - Year started at The Dance Center \_\_\_\_\_ Grade in school \_\_\_\_\_

I am:  NEW TO THE DANCE CENTER - Previous dance experience \_\_\_\_\_ (No. of years, etc.) \_\_\_\_\_

I am registering for the following dance classes:

\* Continuing students-be sure to enroll in your recommended class levels to avoid delay of your registration.

Class Day & Time	Name of Class	Class Length (1 hr., 1 1/2 hr. etc.)	Teacher	Initial

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Agreement & Release of Liability I, \_\_\_\_\_, HEREBY ACKNOWLEDGE that I have voluntarily applied to participate  
 (please print both student's and parent's name if minor)

in dancing instruction, training and performances through The Dance Center of Sonoma County in Santa Rosa, California.

I AM AWARE THAT PARTICIPATING IN DANCE CLASSES AND PERFORMANCES CAN RESULT IN INJURIES, AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH FULL KNOWLEDGE OF THE RISKS INVOLVED. I HEREBY AGREE TO ACCEPT FULL RESPONSIBILITY FOR ANY AND ALL RISKS INVOLVED IN THESE ACTIVITIES.

AS LAWFUL CONSIDERATION for being permitted by The Dance Center of Sonoma County or one of its affiliated organizations to participate in these activities and use their facilities, I hereby agree that I will not make a claim against, sue, attach the property of, or prosecute The Dance Center of Sonoma County, and/or one of its affiliated organizations, owners, or employees for injury or damage resulting from the negligence or other acts, however so caused by any employee, owner, agent, or contractor of The Dance Center of Sonoma County or its affiliates, as a result of my participation in dancing activities. In addition, I hereby release, defend, indemnify, hold harmless and discharge The Dance Center of Sonoma County, any of its affiliated organizations, all of its teachers, owners, employees, and agents, from all actions, claims, or demands I, my heirs, distributees, guardians, legal representatives, or assigns now have or may hereafter have for injury or damage resulting from my participation in dance classes, instruction, performances, or competitions. I understand The Dance Center of Sonoma County is not responsible for my child once my child has left the premises, the property or any performance or competition venue.

**Performance-Imagery Release** • I GIVE The Dance Center of Sonoma County, its representatives and employees the right to take photographs or video footage and to use any photographs, video footage or graphic materials in which I/my child appear for advertising and publicity purposes.

I AGREE that The Dance Center of Sonoma County may use such photographs/video/graphics of me/my child with or without using names for any lawful purpose including, but not limited to publicity, illustration, advertising and web content. I AUTHORIZE that an imagery, video or graphics used in Dance Center advertising or publicity are the exclusive copyrighted property of The Dance Center and may not be used, displayed, copied, reproduced or distributed by any means without the express written consent of The Dance Center.

COVID-19 Policies • I AGREE to abide by The Dance Center's COVID-19 mitigation policies as outlined by the Sonoma County Office of Emergency Services Order of the Health Officer C19-15: Stay Well Sonoma County available online (<https://socoemergency.org/order-of-the-health-officer-c19-15-stay-well-sonoma-county/>).

**Medical Emergencies** • I AM AWARE that The Dance Center of Sonoma County does not provide health insurance for me/my child. I ACKNOWLEDGE that I should carry my own health insurance. I ACKNOWLEDGE that I am fully responsible for any and all costs of transportation and care if I/my child requires medical treatment as a result of participation in Dance Center activity, travel to and from the activity (including air travel), or any events incidental to the activity. I AGREE to be financially responsible for any costs incurred as a result of any such treatment.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE DANCE CENTER OF SONOMA COUNTY AND/OR ITS AFFILIATED ORGANIZATIONS AND I SIGN IT OF MY OWN FREE WILL.

Signature of dancer, parent or responsible party \_\_\_\_\_ Date \_\_\_\_\_

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→ → → TO COMPLETE REGISTRATION, BE SURE TO READ AND SIGN BACK OF FORM →