"Creating Inspiration through Dance"

Inspirations Dance Centre

2009 SUMMER REGISTRATION

Please print clearly.

Student Name _____
Last First MI

Date of Birth _____/_____/_____ Age as of June 1, 2009 _____

Home Address _____
Street City Zip Code

Home Phone

_____

Mother's Work Phone

_____

Mother's Mobile

_____

Mother's Name _____ Employer _____

Father's Name _____ Employer _____

_____
Mother's Street Address City Zip Code

_____
Father's Street Address (if different) City Zip Code

Mother's Email

_____

Father's Work Phone

_____

Father's Mobile

_____

Father's Email

_____

Student lives with _____Mother_____Father _____Both _____Other

If other, please explain _____

Classes/Camps Registering For (day/time/level)

1) _____

2) _____

3) _____

4) _____

Liability Release

I am aware that dance training and the athletic exercises associated with it place unusual stress on the body and carry the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume the risk and agree that Inspirations Dance Centre shall not be liable in any way for injuries sustained during attendance at the dance school or any of its related functions and during transportation to and from functions. I also understand that good ballet training involves touching and adjustment of the student's body by the instructor.

Medical Release

In the event I cannot be reached, I hereby give my permission to the management, faculty, staff and chaperones of Inspirations Dance Centre to authorize any emergency medical care that may be required by the above student during participation in classes, performances, or any related IDC events. This authorization extends throughout the current academic year and throughout the summer or until the student is no longer enrolled at IDC, whichever comes first. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN LISTED ABOVE.

Name _____ Phone _____

I have read, understand, and agree to the Liability Release and Medical Release.

Parent Signature _____ Date _____

Inspirations Dance Centre, PO Box 10741, Southport, NC 28461
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Email: southportdance@yahoo.com