

## Performing Arts Preschool Program Registration Form

## **Student Information:**

First Name:		Last Name:			
DOB:	Age:				
Medical Conditions/Allergies:					
Sibling Enrollment (If attend	ing):				
Sibling First Name:		Sibling Last Name:			
DOB:	Age:				
Medical Conditions/Allergies:					
Emergency Contact (other than you):					
Name:	Phone:	·)	Relation:		
Parent Information:					
First Name:	Last 1	Name:			
Cell Phone:()	A	lternate Phone Num	ber: (	)	
Address:					
City:		State:		_Zip:	
Email:					
How did you hear about us?					

## **Momentum Dance Arts Waivers**

• The undersigned parent/guardian or participant hereby holds harmless Momentum Dance Arts LLC, its owner, its employees, and/or its contractors from all manner of suits, actions, demands, and liabilities which may arise from my participation and the participation of my minor child in any physical activity, dance class, rehearsal, performance, event, etc. I understand that this waiver constitutes a full and complete waiver of all possible claims, including claims for negligence, personal injury, property damage, and loss of property arising out of my or my minor child's participation in dance rehearsal, performances, events, etc. I've read the above "Medical Waiver" and agree to the terms.

Parent/Guardian Signature:\_\_\_\_\_ Date:\_\_\_\_\_

• Momentum Dance Arts LLC does all that it can to ensure all children are safe from injury, but should an emergency arise and you cannot be reached, your signature is required to give Momentum Dance Arts LLC authorization to treat the child and/or call an ambulance if necessary.

Allergies to medication or food:	
Preferred Hospital:	Primary Doctor:

Parent/Guardian Signature:	Date:
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• Momentum Dance Arts LLC has the right to use all photos and videos that are taken during classes, performances, and any other event organized by the studio even if my child is no longer a student under contract with Momentum Dance Arts LLC. These photos and or videos may be used, but are not limited to flyers, website, social media, and any other form of advertising/marketing that may present itself. I understand and agree that Momentum Dance Arts LLC may or may not use my name in conjunction with the photographs. I hereby release and discharge representatives, assignees, and staff from any and all claim and demands arising out of or in connection of publicity and defamation. This release shall be binding upon my heirs, legal representatives, my assigns and me. This agreement embodies the entire agreement of the parties' dancer, photographer, videographer, and Momentum Dance Arts LLC.

	Parent/Guardian Signature:	Date:	
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## Fees:

Registration fee \$30/family. (Law Enforcement/Military and current MDA Families Free)

- Weekly Enrollment \$50:\_\_\_\_\_
- Daily Enrollment \$25:\_\_\_\_\_
- Registration Fee:\_\_\_\_\_\_