

Absolute Dance

Summer Workshop Registration Form

(One Student per Form, Please Print)

Student Name: _____ DOB: ____/____/____ Age: _____

Mailing Address: _____ City: _____ Zip Code: _____

Parent Name: _____ Home Phone: _____ Cell Phone: _____

School Attending: _____ Grade: _____

Emergency Contact: _____ Relationship: _____

Day Phone: _____ Home Phone: _____ Cell Phone: _____

How did you hear about us? Referral - TV - Kid's College - Yellow Pages - Website - Other

I am interested in Fall Registration: YES - NO

Absolute Dance Medical Release Form

This form is to authorize Absolute Dance, 1603 Idlewilde, in Midland, Texas, their agents, representatives and employees (hereinafter "the School") to obtain emergency medical assistance and to provide transportation for the child herein below named, and to release the School from liability for injuries to children while on School premises or otherwise in the care of the School staff members, such as in transporting the children.

In the event that I cannot make arrangements for emergency medical attention at the time of illness or accident of my child/myself, _____ (Student Name), I hereby authorize any agent, representative or employee of the School to take my child/myself to:

Dr. _____ (specify or indicate "Any")

Phone _____

Address _____

Or to _____ Hospital, where medication or medical procedures they may deem necessary for my child's/my well-being will be administered. Please be aware that the parent or legal guardian will pay all bills! I further understand and agree that the School, its agents, representatives, or employees may administer simple first aid in the event of minor injuries, and family members or doctors will be called when in the direction of the School personnel, it is deemed necessary.

Please Check One:

_____ I represent that I am the parent/guardian of _____, and am fully responsible for the care and well being of my child or

I agree that the School shall not be liable for any damages, claims or compensation of whatever nature (including liabilities for negligence, strict liability, or otherwise) that may arise to me or for my benefit, in the name of or for the benefit of the child, or in the name of or for the benefits of any other person as a result of personal injury sustained while the child is being transported as herein authorized, and hereby agree to indemnify and hold harmless the School, its agents, employees or servants, whether paid or volunteer, against any and all claims which may arise from any injury to said child while participation in or being transported to programs from the School. Provided, however, the School shall be liable for injuries resulting in gross negligence of the School, its agents, representatives or employees, or injuries inflicted by the School, its agents, representatives or employees.

Known Allergies: _____

Allergies to Medications: _____

Current Medications being taken: _____

I have read the foregoing and agree with it in all respects. I understand that supplies, etc., for my child's class are purchased in advance and understand that once my child is registered, summer fees are **NON-refundable**.

Signature: _____ Date: _____

For Office Use Only:

Year: _____ Age Group: _____ Paid: _____ Cash _____ Credit _____ Check# _____