



2019

Registration/Emergency Consent Form

Today's Date: _____

Participant's Name: _____ D.O.B. _____ Age: _____
Sibling's Name: _____ D.O.B. _____ Age: _____
Sibling's Name: _____ D.O.B. _____ Age: _____
Parent Name _____

Address: _____ Home Phone: _____
City/Zip: _____ Work Phone: _____
Cell Phone: _____

Email address: _____

Liability Release, Image Agreement & Refund Policy

The above named participant is in good health and has his/her doctor's approval to participate in the classes requested. I acknowledge Step I Dance & Fitness, LLC will not be held responsible for any injuries resulting from participation in the school, on or traveling to and from the studio premises, participation in dance recitals, competitions, benefits or other performances, or participating in other school events.

I, the undersigned, do hereby authorize Step I Dance & Fitness LLC to act as my agent in my absence, consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment; or hospital care which is deemed advisable by and is to be rendered under the general or special supervision and upon the advise of any physician and surgeon licensed under the Medicine Act, whether such diagnosis or treatment is rendered at the office of said physician or at such other location as may be deemed prudent. This authorization is given pursuant the provisions of Section 25.8 of the Civil Code of California.

I further authorize Step I the use of any images for publicity and advertising purposes. We do not adjust any tuition for missed classes or refund paid tuition if a student decides to drop before the end of the session. I understand that there are no refunds of tuition for any reason at any time.

X _____
Signature of Parent/Legal Guardian Date

Requested Classes :

Class _____ Day _____ Time _____
Class _____ Day _____ Time _____
Class _____ Day _____ Time _____
Class _____ Day _____ Time _____
Class _____ Day _____ Time _____
Class _____ Day _____ Time _____