

EXTRAORDINARY PRODUCTIONS DANCE COMPANY**REGISTRATION FORM**

Child's name: _____ Age: _____ Date of Birth: _____
 Child's name: _____ Age: _____ Date of Birth: _____
 Child's name: _____ Age: _____ Date of Birth: _____

Child's Cell Phone (If Applicable) _____

Home Address: _____

City: _____ Zip: _____

Parent/Guardian Name (s): _____

Home Phone: (____) _____

Cell #1 _____ Cell #2 _____

Work #1: _____ Work #2: _____

Email address#1 (Please print legibly): _____

Email address#2 (Please print legibly): _____

Allergies or medical history: _____

Emergency Contact _____ Phone _____

Class Choices

1. _____
2. _____
3. _____

Disclosures:

1) This signature signifies that I have read all EOP Dance Company policies and procedures and will adhere to all including but not limited to tuition, dance attire, and attendance. Failure to do so will lead to immediate dismissal from the studio.

Parent Signature: _____

Date: _____

2) I understand that risk of injury is inherent in any physical activity and I, on behalf of myself and my child, knowingly and voluntarily accept that risk. I, the undersigned, for myself, my heirs, my child and all parties involved, hereby waive and release the studio and its staff from any and all claims or damages of any kind arising out of my child's participation in the exercise and/or dance program occurring before, during, or after a class including functions held outside of class time. Student/guardian is also responsible for informing the instructor(s) of any physical limitation which may prevent full participation in class. In case of an accident when I cannot be reached I hereby give permission for my child's dance teacher to seek medical aid in any emergencies. **I authorize the studio to film my child during the school performance and give permission for the use of my child's picture or video for advertising purposes.**

Parent Signature: _____

Date: _____

Administrative use only:

Registration Fee Paid: _____

Date Paid: _____

Circle One: CASH ZELLE CREDIT CARD CASH APP PAYPAL STUDIO-PRO

Credit Card Number _____ Exp. _____ Zip Code _____ CVC _____