

# Erin's Danceworks Enrollment Form 2008

Dancer's Name: \_\_\_\_\_  
(First) (Last) (Nickname)

Dancer's Date of Birth: \_\_\_\_\_ Dancer's Age: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Number)  
\_\_\_\_\_  
(City) (Zip Code)

Phone Number: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Parent's E-Mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

## Combo Classes Ages 3-8

\_\_\_ Ballet \_\_\_ Tap \_\_\_ Jazz \_\_\_ Hip Hop  
(ages 4-8 only) (needs teacher approval)

## Regular Classes Ages 8 and up

\_\_\_ Ballet \_\_\_ Tap \_\_\_ Jazz  
\_\_\_ Hip-Hop  
\_\_\_ Pointe (needs teacher approval) \_\_\_ Lyrical/Modern (needs teacher approval)

Dance Experience:

Any Special Information (Allergies, Asthma, Etc.):

By signing below, I verify that I have received the information package and that all information on this enrollment form is complete and accurate.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

**To be guaranteed a spot in classes, return this form with enrollment fee by  
June 21st.**

# Erin's Danceworks Release Form

## Section 1: Assumption of Risk and Waiver

By signing this agreement you acknowledge that you and your guests are on the property at your own risk, and hereby specifically release, and hold Erin's Danceworks, it's owners and employees, harmless from liability for any claims which may arise out of your activities on the premises. In signing this contract, you are binding yourself, and any other person seeking to assert claim on your behalf, which arises from an accident occurring at Erin's Danceworks. You, by signing this agreement, also acknowledge that you have read and understand the following notification.

Name of Student \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Section 2: Medical Information and Treatment Release

If medical care is required for \_\_\_\_\_ (name of student) in conjunction with any Erin's Danceworks activity, and if normal permission is not available in a timely manner, the undersigned authorize appropriate medical care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment.

Parent or Guardian:

Address:

City/State/Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If Parent or Guardian is not available contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

My child is allergic to: \_\_\_\_\_

Other medical conditions: \_\_\_\_\_

My child takes the following medications: \_\_\_\_\_

**I have read the entire enrollment package and release form and agree to it.**

\_\_\_\_\_ **Date** \_\_\_\_\_

**State of \_\_\_\_\_, County of \_\_\_\_\_, on the \_\_\_\_\_  
Day \_\_\_\_\_ of 200\_\_\_\_, before me came \_\_\_\_\_**

**To me known to be the individual described in and who executed the foregoing  
instrument and acknowledged that he executed the same.**

**Notary Public** \_\_\_\_\_