## Dance Magic and The Ballet School 369 N 100 W Ste #4 Cedar City, UT 84721 (435)463-1969 www.mydancemagic.com

## **Registration Form**

Dance	r Name(s)			A	.ge(s)_					
Birthda	ay		Grade in School							
Parent	/Guardian Name	e(s)								
Mailing AddressCity, State, Zipcode										
Home Phone Number Cell Phone Number										
Email Emails wil	Address ( <i>requir</i> I not be shared. Most o	red)communication will be s	ent via email. It	is important to add ı	newsletter@mydano	cemagic.co	om to your	email safe lis	st.	
Classe	s (names and tir	mes) to register f								
In case of Emergency Contact (other than parent)					Phone					
Regist	ration Fee: (no	n-refundable) <b>\$25</b>	5.00 per chi	ild (or \$65 max	kimum per fam	ily) iı	ncludes	a Dance I	Magic t	-shirt
		Ma	ake all chec	ks payable to	Dance Magic					
	t Size (please circ XS (4/5) S (	ele one): 6/6X) M (7/8)	L (10/12)	XL (14/16)	Jr/Adult :	XS	SM	MED	LG	XL
In consid	laration of boing allo	Waiver wed to participate in a		of Liability & Men			School no	aradas trins	and ans	ralatad
	, the undersigned:				_		_	_		
1-	permanent disability	fully understands that y and death, and sever actions, inactions or no ime:	e social and ec	onomic losses, wh	ich might result n	ot only fr	om their o	own action,	inactions	s or
2- 3-	Assumes all foregoing risks and accept personal responsibility for the damages following such injury, personal disability or death; Intending to be legally bound, does hereby release, waive, discharge, and covenant not to sue Dance Magic and/or The Ballet School, their respective administrators, owners, directors, coaches, teachers, assistants, and other employees and volunteers of the studio, other participants, sponsoring agencies, sponsors, chaperones, or leasers of premises, all of which are hereinafter referred to as releasees, from any and all liability to each of the undersigned, their next of kin for any claims, demands, losses, or damages on account of injury, including death or damage of property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise in connection with association or entry in and /or arising out of traveling to, participation in, and returning from competition from any event or on a scheduled trip.									
4-	Agrees not to hold l	hold Dance Magic and/or The Ballet School or any releasees liable, responsible, nor will sue the afore mentioned releasees es, problems, arrests, abduction, runaways, or misplacement of students.							easees	
5-	Has read and agrees to all policies and procedures as listed on Dance Magic's website; gives permission for photographs of the person(s) listed above to be published on the Dance Magic website or as a Dance Magic advertisement. Understands that these photos may be viewed by the general public, but no identifying information will be given.									
6-	If a participant is fo	ound breaking the law				ome and	pick up tł	neir child re	gardless	of the
7-	from classes. Writt month. Failure to a	the the problem.  The third the ention of the entire entir	en 15 days prio idicate a drop o	r to the start of a nout. Monthly tuition	ew month or unde on will continue be	ersigned veing charg	vill be ch ged until v	arge for the written notif	subseque	ent
Parent/	Guardian Signatu	ıre					Date	Signed _		
				Office Use:						

Card \_\_\_\_\_

Check Payment Type: Cash \_\_\_\_\_