



REGISTRATION

JUNE 2011-MAY 2012

Bring-A-Friend

Dear ADA Guest,

Our Anderson Dance Academy dancer would like to invite their friend (your son/daughter) to come experience dance with us for a class. There is no charge for this one time class. This invitation is open to one free class during one of the following Bring A Friend Weeks. In order for your child to participate, please complete the information below and sign the waiver below. Please have your child wear either dance attire or shorts, t-shirt. They can either wear dance shoes if they have them or may come in socks/bear feet for this one class. Thank you for allowing your child to participate and experience the joy and fun of dance with us!

Bring-A-Friend Weeks: September 26-October 1; October 17-22; November 14-19; January 9-14

Permission Slip & Information:

I give permission for the student listed below to participate in dance class at Anderson Dance Academy on _____ . I understand that this is a one-class option and is free of charge. My child was invited by _____
(Date of Class)

(Name of ADA Dancer)

Mother & Father's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone:(____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ E-Mail: _____

Emergency Contact: _____ Phone #: _____

Student Student #1 Name: _____ **DOB:** _____ **Age:** _____ **Grade:** _____

School: _____ **Years at ADA:** _____

Indicate any medical conditions, chronic ailments, allergies, or personal issues we should be made aware of:

STUDENT	CLASS	DAY	TIME

Waiver and Release of Liability & Consent for Medical Treatment

I, the undersigned parent or legal guardian of the above student(s), gives permission for the student(s) to participate in dance classes, performances and/or competitions with Starlite Productions, LLC dba Anderson Dance Academy (ADA). I recognize the possibility of physical injury to the student(s) associated with taking part in this activity. Upon signing this waiver, I hereby covenant not to sue and waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against ADA and its owners, employees and /or other assigned representatives or volunteers from any and all liability and for any and all damages and/or injuries which may be sustained or suffered by the student(s) while participating at or for ADA. Furthermore, in the event ADA is unable to contact the authorized person(s) on this form, I the parent or legal guardian, hereby give my consent for emergency medical care . Transportation to the hospital will be at the discretion of the Emergency Technicians on site.

Parent's Signature: _____ **Date:** _____

Printed Name: _____