

DANCING GROUNDS NEW YOUTH STUDENT REGISTRATION FORM

REQUIRED INFORMATION

CHILD FIRST NAME: _____ CHILD LAST NAME: _____ D-O-B: _____

EMAIL (*Pls write clearly!*) _____ CELL PHONE # _____

ADDRESS: _____ CITY/STATE: _____ ZIP CODE: _____

PARENT/GUARDIAN NAME: _____ P/G CELL PHONE #: _____

We need this in case something happens to your child while in class!

LIABILITY WAIVER

In consideration of being allowed to participate in any way in this program, related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from activities involved in this program is significant because it is a physical activity.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others and assume full responsibility for my participation.
3. I willingly agree to comply with the stated and customary terms and conditions for my participation.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS DANCING GROUNDS, with respect to all injury, disability, death or loss or danger to person or property, whether arising from negligence of the releases or otherwise, to the fullest extent of the law.
5. I allow DANCING GROUNDS staff with an active certification in Adult CPR to use emergency medical protocols on me if needed.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARENT/GUARDIAN NAME: _____ SIGNATURE: _____ DATE: _____

PHOTO/VIDEO RELEASE

YES, I give permission.

NO, I do not give permission.

For Dancing Grounds to make recordings, photographs, videos, films and written materials regarding its programs and the participants in its programs, to the public or private distribution of these materials, all without any compensation or payment to me. Materials may be used and distributed for educational, training and promotional purposes. These materials may include my name, image, voice or likeness.

PARENT/GUARDIAN NAME: _____ SIGNATURE: _____ DATE: _____

HELP US GET TO KNOW YOUR CHILD!

This information is used solely for our internal purposes to get to know our community and track demographic data to ensure that we are meeting our mission: to bring dance to people of ALL backgrounds and serve diverse communities!

RACIAL/ETHNIC IDENTITIES: _____ GENDER IDENTITY/EXPRESSION: _____

HOMETOWN: _____ OCCUPATION/EMPLOYER: _____

HOW DID YOU HEAR ABOUT DANCING GROUNDS?

FRIEND - Who? *We'd like to thank them!*

FLYER – Where?

DG EVENT/PERFORMANCE

GOOGLE SEARCH

FACEBOOK, INSTAGRAM, OR TWITTER

OTHER: _____

Check this box to sign up for the New Orleans Dance Network newsletter: