



<b>Office Use Only:</b>
Registration Paid: _____
Class(es): _____
Sept. Tuition Paid: _____
GFD Signature: _____

## 2017 ~2018 Registration Form & Waiver

Child's Name & Age \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

### **Parent/Guardian Contact Information:**

Full Name: \_\_\_\_\_

Relation to the child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone (for text messages): \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Previous Dance Experience (if so, what discipline and how long): \_\_\_\_\_

### **Student Information:**

1. Does he/she have allergies? If yes, please mention:  
\_\_\_\_\_

2. Does he/she have a permanent injury or disability? If yes, please mention:  
\_\_\_\_\_

3. Any other/additional information I (Crystal March) need to be aware of? If yes, please mention:  
\_\_\_\_\_

### **Parent Consent and Liability Waiver**

As parent/guardian, I give my consent for my child(ren) or to participate in the Get Fit & Dance Classes/Events offered by Crystal March. I recognize the risks of injury common to any dance fitness program. I hereby waive and release Crystal March from any and against all claims of liability, including accidents or injury while on or about their premises, or while on off-site performances or activities. This acknowledgement of Risk and Waiver of Liability has been read, understood completely and signed voluntarily by the actual parent/legal guardian of the aforementioned student.

\_\_\_\_\_/\_\_\_\_\_  
*Parent/guardian signature* *Date*

**I have also read, understand and agree with the Get Fit & Dance Policies & Guidelines document provided to me.**

\_\_\_\_\_/\_\_\_\_\_  
*Parent/guardian signature* *Date*