

Noe Valley Dance Space Student Registration

Student's Name: _____

How did you hear about us? : _____

Birth Date: _____ Age: _____ Grade: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Home Fax: _____

Email Address: _____

NVDS uses email as its primary information distributor. Please make sure you have printed your email clearly.

School: _____

Guardian/Parent

Guardian/Parent:

Name: _____

Name: _____

Address: _____

Address: _____

Employer: _____

Employer: _____

Work/Day Phone: _____

Work/Day Phone: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell phone: _____

Email: _____

Email: _____

Emergency Contact: _____

Phone: (_____) _____

Student Medical Coverage

Student Name: _____

Insurance Company: _____

Insurance Telephone: (____) _____

Policy Contact Email/ Fax: _____

Insurance Policy #: _____ Expiration: _____

Policy Holder: _____

Student's Primary Care Physician: _____

Physician's Phone: (____) _____

Terms of Enrollment

1. Students must have medical insurance
2. Parent or legal guardian must sign and complete this Registration Form, Medical Coverage Form, and the Authorization and Release Form.
3. Parent or legal guardian must promptly notify NVDS of any changes to any of the above information.
4. Parent/Guardian must pay tuition and registration fees or be awarded a scholarship.

Parent/Guardian: _____ Date: _____

Signature: _____

Pick-Up Authorization Form

Student Name: _____

It is important to us at Noe Valley Dance Space that your child is safe from the moment she/he is dropped off at our facility, up until they are back in your arms. In order for us to achieve this it is important that we have your full cooperation. Below we've included a pick-up authorization form. Please fill out the information as requested. Only persons authorized by you on this sheet will be permitted to pick up your child.

Name: _____ Relation to Child: _____

Home #: _____ Work #: _____ Cell #: _____

Name: _____ Relation to Child: _____

Home #: _____ Work #: _____ Cell #: _____

Name: _____ Relation to Child: _____

Home #: _____ Work #: _____ Cell #: _____

I hereby understand and accept the terms for my child's pick-up.

Parent/Guardian signature

Authorization and Release Form

In consideration for participation in any program of Noe Valley Dance Space (hereinafter referred to as NVDS), the parent(S)/guardian(S) of _____ hereby enter into the following agreement with NVDS, it's directors, officers, employees, agents, licensees, and/or third parties designated by NVDS:

1. That we/I acknowledge, understand and assume all risks inherent in dance instruction, performance or related activities and release NVDS from any and all liability for injury, loss, damage, expense or penalty sustained by the above named student arising out of or in connection with the above name student's participation in the program. We/I acknowledge that NVDS's instructors are trained for age-appropriate instruction and safety for students;
2. That We/I have, or immediately upon entering or participating will inspect and carefully consider the dance studios, performance venues, and related premises. It is further warranted that such entry into the facilities or participation in programs constitutes an acknowledgement that such premises and all facilities and equipment thereon and such programs have been inspected and carefully considered and that We/I find and accept them as being safe for the purpose of use or the participation of students;
3. That We/I acknowledge that dance instruction and training requires the above-named student to be physically touched from time to time by instructors and other dancers and that We/I will not hold NVDS liable for any such physical touching. This agreement releases NVDS of any unforeseen liabilities;
4. That We/I authorize NVDS to photograph, film, videotape, record or otherwise capture in media the above-named student's dance training, instruction, or performance(S) for the purposes of promotion, publicity, education, or other related uses. All ownership, copyright, title and interest in any such recordings shall belong to NVDS. We/I further grant NVDS the right to use the above-named student's name, bio, portrait, picture or recording for the purpose of publicizing, advertising or promoting NVDS and hereby provide release for such usage;
5. That We/I, in case of emergency, authorize NVDS to contact the physician, as noted in the student emergency form and consent to appropriate medical and/or surgical procedures NVDS deems necessary for the above-named student. We/I accept full responsibility for all costs related to any such emergency medical care;

6. That We/I agree that NVDS will not be liable for authorizing medical and/or surgical treatment for the above-named student in paragraph 5 above and waive all claims connected with such medical and/or surgical treatment;

7. That We/I will make independent arrangements for the above-named student's travel to and from NVDS programs and performances during the weeks offered and that We/I agree to hold NVDS harmless for any and all injury, accident, or damage that occurs to the above-named student during his/her travel to or from any NVDS program or event/

8. That We/I agree to pay any legal fees and expenses incurred by NVDS in connection with the enforcement of this General Authorization and Release or reimburse NVDS, within 30 Days, for all such costs in connection with enforcement of this agreement.

We/I have read, understood and agreed to the terms of this Authorization and Release.

Name of Parent/Guardian

Signature

Date