

**Noe Valley Dance Space
Dance Camp 2013 Registration Form**

Camper's Name: _____

Camp Week(s): _____

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: _____

Parent(s): _____

Work/Day Phone: _____ Cell: _____

Emergency Contact: _____ Phone: (____) _____

Anything we should know: _____

Student Medical Coverage

Student Name: _____

Insurance Company: _____

Insurance Telephone: (____) _____

Insurance Policy #: _____ Expiration: _____

Policy Holder: _____

Primary Physician: _____ Phone: _____

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 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;
3. 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;
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

