



## ENROLLMENT FORM

Please print neatly in black ink.

<b>Student</b>	_____	_____	Birth Date	____/____/____
	<i>First Name</i>	<i>Last Name</i>		<i>Mon Day Year</i>
<b>Parent/Guardian</b>	_____		(____) _____ - _____	<i>Home Phone</i>
Street Address	_____		(____) _____ - _____	<i>Cell Phone</i>
City, State, Zip	_____			
Email Address	_____	@		
<b>Emergency Contact</b>	_____		(____) _____ - _____	
<i>other than parent</i>	<i>First and Last Name</i>		<i>Phone</i>	

### LIABILITY WAIVER

I give the above named permission to participate In the Nancy Kelley Breton School of Dance program. The student, his/her parent and/or legal guardian agrees to indemnify and hold harmless Nancy Kelley Breton School of Dance, owner, teachers, assistants, employees, agents and all affiliates from and against all liability claims, suits, damages, losses and expenses, including attorney fees, threatened or incurred and arising from child's participation in Nancy Kelley Breton School of Dance by reason of injury or any damage to said child or to any person or property occurring during said participation or from any cause whatsoever. I fully understand that activities at Nancy Kelley Breton School of Dance can be dangerous and could result in serious injury or possible death and freely assume that risk. Please list any current or previous accidents, illnesses or physical limitations that would stop or prevent your child from participating in the Nancy Kelley Breton School of Dance program, otherwise state (NONE). For example, hearing problems, attention deficit disorder, delayed motor skills, prior injuries, etc. Any info you provide will help us better to instruct your child. You must inform us of any updates to your child's health throughout the years.

1. Allergies \_\_\_\_\_
2. Medications \_\_\_\_\_
3. Physical Limitations \_\_\_\_\_

### MEDICAL RELEASE

In the event of an emergency, I give permission to Nancy Kelley Breton School of Dance to give my child simple first aid and to arrange for transportation to the hospital and receive emergency medical treatment. I will assume all costs for medical care. The above named child is physically able to participate in dance and dance related activities without limitations.

### MARKETING RELEASE

I release permission for use of my child's photo and or/video by Nancy Kelley Breton School of Dance for promotional material, including brochures, ads, website, social media, etc.

My signature below indicates that I have read, understand, and agree to all of the above.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*