



Registration Form

Student Name & Information:

Dancers' Name: _____

Birthday / Age / Grade Next Fall: _____

Class Day & Time: _____

Parent / Guardian Information:

Parent / Guardian: _____

Address: _____

City, State, Zip: _____ - _____

Primary Phone: (____) ____ - _____

Secondary Phone: (____) ____ - _____

Email Address: _____@_____

Emergency Contact Information:

Emergency Contact (other than parent): _____

Relation to Student: _____

Emergency Contact Phone: (____) ____ - _____

Our Mailing Address:

Elite Dance Company
1038 Van Buren St S
Shakopee, MN 55379

Consent to Waiver:

INSURANCE RELEASE AND POLICY CONSENT

– must be signed for child(ren) to dance

Elite Dance Company (EDC), Inc. requires students to have full medical coverage. Clicking "Submit Form " below indicates you accept insurance responsibility and forever release EDC, Inc. of liability in the unlikely occurrence of injury on the premises during the dance year.

Additionally, EDC, Inc. occasionally takes pictures of students in class or during a performance. These pictures may appear on display and/or in news releases. You understand that no financial benefits from the use of the photographs are obligated to be paid to you, and you consent that photographs of your child may be used for the purpose of promoting the studio by clicking "Submit Registration and Consent to Waiver" below.

Clicking "Submit Registration and Consent to Waiver" below indicates that you have read the parent handbook, refund policy, pricing guide, insurance release and photography consent and agree with all terms and conditions to participate in Elite Dance Company.

I acknowledge and consent to the above waiver:

_____ (signature)

_____ (printed name)

_____ (date)