



**VICTORIOUS BY DESIGN, LLC
PERFORMING ARTS ENSEMBLE**

P.O. Box 6141, Tallahassee, FL 32314
Telephone: (850) 766-1395 Email: pae@victoriousbydesign.com

SUMMER DANCE PROGRAM

June 13, 2015 - August 8, 2015

REGISTRATION FORM

Please complete this form and mail it to Victorious By Design, P.O. Box 6141, Tallahassee, FL 32314 or scan and email to pae@victoriousbydesign.com. The original form must be handed in at the beginning of the first dance class.

SELECT YOUR CLASS

- PRE-JUNIORS (5 – 6 years): Saturdays, 9:30 am - 11:00 am
- JUNIORS (7 – 10 years): Saturdays, 9:30 am - 11:00 am

PERSONAL INFORMATION

STUDENT’S/MINOR CHILD’S NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ **AGE:** _____

DETAILS OF DANCE EDUCATION (IF APPLICABLE): _____

PARENT/GUARDIAN’S NAME & CONTACT NUMBERS: _____

_____ (cell) _____ (home) _____ (work)

PARENT/GUARDIAN’S EMAIL ADDRESS: _____

NAME & PHONE NUMBERS OF EMERGENCY CONTACT PERSON: _____

_____ (cell) _____ (home) _____ (work)

CONTACT PERSON’S RELATIONSHIP TO STUDENT: _____

MEDICAL INFORMATION

NAME, ADDRESS, PHONE NUMBER OF STUDENT’S DOCTOR: _____

HOSPITAL PREFERENCE: _____

LIST MEDICAL CONDITIONS AND PHYSICAL LIMITATIONS (PAST INJURIES):

MEDICATIONS: _____

ALLERGIES: _____

SPECIAL NEEDS: _____

MEDICAL EMERGENCY

I, _____, (*parent/legal guardian’s name*) hereby give permission to Victorious By Design Performing Arts Ensemble officials, for any and all medical attention to be administered to my minor child, _____ (*student’s name*) in the event of accident, injury, sickness, etc., under the direction of the physician or hospital mentioned overleaf or at any necessary emergency facility, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health.

I have read the above and agree.

NAME OF PARENT/GUARDIAN

SIGNATURE

DATE

PHOTO RELEASE

I hereby give permission for Victorious By Design Performing Arts Ensemble to take photos or videos of my minor child for promotional purposes.

NAME OF PARENT/GUARDIAN SIGNATURE DATE

DANCE FEE

By signing this form, I understand that I am financially responsible for my child’s dance tuition and registration fee. Dance tuition and registration fee are non-refundable.

NAME OF PARENT/GUARDIAN SIGNATURE DATE

WAIVER OF LIABILITY

I, _____, (*parent/guardian’s name*) understand that dancing and dance related activities present a risk of injury to the participant. I understand that there is an inherent risk of injury that cannot be eliminated regardless of the care taken to avoid injury. As the parent/guardian of a my minor child in Victorious By Design Performing Arts Ensemble, I acknowledge that there are certain risks of personal injury and I agree to voluntarily assume those risks and responsibilities that my minor child may sustain during class, rehearsals, events or performances on or off the premises or as a result of participating in any and all activities connected with or associated with Victorious By Design Performing Arts Ensemble.

The undersigned acknowledges that the minor child is in good health and does not have any history of a medical or physical condition that would place the minor child at risk due to participation in activities connected with or associated with Victorious By Design Performing Arts Ensemble.

I do hereby release and hold harmless Victorious By Design Performing Arts Ensemble, its owners, employees, agents and operators from all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by my minor child, a student in Victorious By Design Performing Arts Ensemble and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Victorious By Design Performing Arts Ensemble, its owners, employees, agents and operators or in route to or from any of said premises.

I HAVE READ, FULLY UNDERSTAND, AND AGREE TO THIS WAIVER OF LIABILITY.

STUDENT’S/MINOR’S NAME: _____

NAME OF PARENT/GUARDIAN SIGNATURE DATE