



Important Information & Photo Release Form

Studio Use Only
Class/Day/Time: _____
Tuition/Billing: _____

Dancer Information:

Child 1: Last Name: _____ First Name: _____ M.I.: _____
Child 2: Last Name: _____ First Name: _____ M.I.: _____
Child 3: Last Name: _____ First Name: _____ M.I.: _____
Child 4: Last Name: _____ First Name: _____ M.I.: _____

Street: _____
City: _____ State: _____ Zip: _____

Child 1: Age: _____ DOB: _____
Child 2: Age: _____ DOB: _____
Child 3: Age: _____ DOB: _____
Child 4: Age: _____ DOB: _____

IMPORTANT - Keep Informed!
E-mail Address: _____ (Please PRINT Clearly)

Parent/Guardian Information:

Mother/Guardian Name: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____

Father/Guardian Name: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____

Medical Information:

(If completing form for more than one child please write child name with medical information)

Any special needs the instructor needs to know? _____

Any allergies the instructor needs to know? _____

Is your child taking any medications the instructor needs to be aware of? _____

Emergency Information:

Parents/Guardians listed above will be contacted first in case of an emergency. Please list other contacts below.

Contact Name #1: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____

Contact Name #2: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____

Please complete Liability & Photo Release on the back of this form.



Release from Liability & Authorization

I hereby release Denise Gucwa's School of Dance from any liability for any accident or injury occurring on or around the studio premises or at any function held at other locations in conjunction with the dance school. I declare the student(s) named below is in good health and can participate in the enrolled classes. Given the nature of dance classes and knowing that injuries may occur, I have taken the necessary steps to obtain health, accident, hospital and/or other insurance, which would cover any sustained injuries. In the event of an injury or emergency, if I am unable to be contacted, I give permission for Denise Gucwa's School of Dance to obtain medical services for this student.

Name of Dancer(s): _____

Parent/Guardian Signature: _____ **Date:** _____

Photo/Video Release

I hereby give permission for images of my child, captured during regular and special dance activities through video, photo and digital camera to be used solely for the purposes of Denise Gucwa's School of Dance promotional material and publications, and waive any rights of compensation or ownership thereto.

Name of Dancer(s): _____

Parent/Guardian Signature: _____ **Date:** _____