**PATRICIA ANN DANCE STUDIO
CLASS REGISTRATION FORM**

941 Douglas Avenue
Dunedin, Florida
(727) 734-4420

1260 Friar Tuck Lane
Dunedin, Florida 34698
(727) 733-6883

**PLEASE PRINT**
Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_Male/Female \_\_\_\_\_\_\_\_\_\_\_\_\_
Student’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_
Parent/Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parent/Guardian’s Day/Work Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parent/Guardian’s Address if Different from Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Person(s) to be notified in case of an emergency when Parent/Guardian cannot be reached and relationship to Student
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
🗆YES 🗆NO Does Student have any allergies to medications/food/insects? If yes, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
🗆YES 🗆NO Does Student have any medical restrictions that would affect participation in Studio activities? If yes, please describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
🗆YES 🗆NO Does Student take any medication? If yes, please identify. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
🗆YES 🗆NO Is Student covered under any health insurance plan? If yes, please provide insurer name, plan number, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student’s Physician’s Name and Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Student’s Dentist’s Name and Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT PARTICIPATION PERMISSION**

The undersigned Student and/or Parent Guardian hereby gives his/her consent for the Student to participate in all Patricia Ann, Inc. d/b/a Patricia Ann Dance Studio (“Studio”) activities and to represent the Studio in all performances and competitions, including travel for local or out-of-town trips. The undersigned further acknowledges and agrees that, as a participant in the Studio programs, exhibitions, and competitions, the Student may be included in videotapes or photographs. The undersigned, therefore, unreservedly and without limitation, assign, transfer, and grant to the Studio, its successors, assignees, licensees, sponsors, and television networks, and all other commercial exhibitors, the exclusive right to photograph and/or videotape the Student and to utilize videotapes, photographs, and the Student’s name, face, likeness, voice, and appearance as a part of the Studio , and in advertising and promoting the Studio, or in advertising and promoting exhibitions and competitions.
Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT PERMISSION**

The undersigned Student and/or Parent/Guardian hereby authorizes Patricia Ann, Inc. d/b/a Patricia Ann Dance Studio, in its sole discretion, to obtain any type of medical care that may become reasonably necessary for the Student in the course of Studio activities or travel and hereby fully releases the Studio for any such action. Payment of all charges incurred for medical treatment and related charges is the responsibility of and guaranteed by each of the undersigned.

Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELEASE OF LIABILITY**

By its nature, participation in recreational/athletic/dance activities may include a risk of injury. Each Student and the Parent/Guardian of each Student must consider the physical fitness and training of the Student, rules and regulations, safety practices and associated risks when participating in such activities. In knowing assumption of risk of injury or illness, the undersigned Student and/or Parent/Guardian hereby holds Patricia Ann, Inc. d/b/a Patricia Ann Dance Studio, and all of its agents, servants, representatives, partners, officers, directors and controlling shareholders and any of their heirs, personal representatives, successors and assigns, (all of which shall have absolutely no corporate or personal liability) harmless and will indemnify it and them from and against any liability for bodily injury or any other claim, judgment, loss, liability, cost and expenses (including, without limitation, attorneys fees) sustained, arising out of, or connected with the Studio, while on the premises of the Studio or while participating in any Studio activity whether occurring on Studio premises, or during travel to or from Studio events, or elsewhere. It is hereby specifically agreed and understood that it is the undersigns sole responsibility to provide for and properly supervise the Student at any and all Studio activities, no matter where located.
Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Each of the below persons agrees that he or she has read this document, has provided true and accurate information, and is signing it freely and voluntarily.

Registration fee: $\_\_\_\_\_\_
Make checks payable to: Patricia Ann Dance Studio
ABSOLUETELY NO REFUNDS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Student Signature (If 18 and over)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

If only one Parent/Guardian Signature, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_