

REGISTRATION FORM

Name _____ Date _____
Address _____ Apt# _____ City _____
Zip code _____ Email address _____ Phone _____
Emergency Contact & Phone _____
Where did you hear about The DanceLoft? _____
Class(es) of Interest _____

The DanceLoft Injury Waiver Form

As with any physical activity or sport there is always a potential for injury to the participant. Rehearsing, practicing or performing dance is no exception. The DanceLoft strives to maintain a professional studio and the safest conditions possible for the dancers and staff; however, The DanceLoft, NEW ARTiculations and ArtFare are not responsible for any accidents or injuries that might occur to students or staff engaged in the activities associated with dance.

I agree to not hold The DanceLoft, ArtFare or NEW ARTiculations responsible for any injury or accident that might occur while engaged in activities associated with rehearsing, practicing or performing dance. I have read and understand the studio policies.

Student's Printed Name (or parent's if under 18) _____

Signature _____

REGISTRATION FORM

Name _____ Date _____
Address _____ Apt# _____ City _____
Zip code _____ Email address _____ Phone _____
Emergency Contact & Phone _____
Where did you hear about The DanceLoft? _____
Class(es) of Interest _____

The DanceLoft Injury Waiver Form

As with any physical activity or sport there is always a potential for injury to the participant. Rehearsing, practicing or performing dance is no exception. The DanceLoft strives to maintain a professional studio and the safest conditions possible for the dancers and staff; however, The DanceLoft, NEW ARTiculations and ArtFare are not responsible for any accidents or injuries that might occur to students or staff engaged in the activities associated with dance.

I agree to not hold The DanceLoft, ArtFare or NEW ARTiculations responsible for any injury or accident that might occur while engaged in activities associated with rehearsing, practicing or performing dance. I have read and understand the studio policies.

Student's Printed Name (or parent's if under 18) _____

Signature _____