

IMAGES DANCE PLACE

Student Enrollment Form

imagesdanceplace.com

Artistic Director: Joel Aguirre

Student's last name **Student's first name** **Age** **Date of Birth**

Mother's Name

Father's Name

Home Address: Street **Apt. #** **City** **Zip**

(____) _____, (____) _____, (____) _____

Home Phone **Work Phone** **Cell Phone**

Email Address: _____

How did you learn of the Company? _____

Class Description	Day	Time	Teacher
Lyrical (example)	Wed.	7:30 pm	Ms. Heather Lauchlan

Add additional classes on reverse side if necessary

MAIL TO: Images Dance Place, 1100 Irvine Blvd, #825, Tustin, CA 92780

OFFICE USE ONLY: *Total Classes:* _____ *Family Rate:* \$ _____

MEDICAL RELEASE

Persons to be notified in case of emergency during the classes:

Name _____ **Relationship** _____

Phone Day (____) _____ Phone Evening (____) _____

If you are under 18 years of age: Please have your parent or guardian read and sign the following

Medical Release:

I understand that as a parent or guardian of _____

Name of student

I will be contacted in the event of a medical emergency. An administrator of Images Dance Place or appointed representative will sign for care only if I cannot be reached. I hereby authorize medical care under those circumstances. _____

Signature of Parent or Guardian

Date

IMAGES DANCE PLACE

LIABILITY STATEMENT

imagesdanceplace.com

Tel (714) 731-8114

- I am aware that _____ performs various stunts in his/her dance routines (i.e. splits, kicks, gymnastics, cartwheels and jumps).
NAME OF DANCER

- If the parents/ guardians cannot be immediately contacted, the undersigned does hereby grant full power of attorney to said Director in the event of an accident or illness to his/her child at anytime to make all necessary decisions and arrangements for any medical care, selecting physicians, hospitalization and/ or operations. I further agree to relieve Images Dance Place, Artistic Director, and any of the officers agents or employees from Images Dance Place from the liability in connection with this permit so long as due diligence is exercised.

• SIGNED _____ Date _____
MOTHER

SIGNED _____ Date _____
FATHER

SIGNED _____ Date _____
GUARDIAN

Father's work phone _____

Mother's Work Phone _____

- IN CASE OF EMERGENCY, PLEASE NOTIFY _____

NAME

RELATIONSHIP TO STUDENT

PHONE NUMBER

- If I or my designated representative is unable to be contacted, you have my permission to take the necessary actions or precautions to ensure my son/daughter's health and safety.

NAME OF THE DOCTOR AND HEALTH PLAN

PHONE

- Both parents or guardians are required to sign. Only exception is divorce or death.

Father

Mother