

**Lindsey Claire Dance Company - Membership Agreement/Waiver 2022-2023**

Student's Full Name: \_\_\_\_\_ Prefer to be Called: \_\_\_\_\_

Student's Age as of August 1, 2022: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Circle: Male Female

Class(es) Signing up for: \_\_\_\_\_ Day/Time of Class: \_\_\_\_\_

Physical Address (do not put PO Box): \_\_\_\_\_ City/Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Place of Employment \_\_\_\_\_

Mother/Guardian Cell Phone Number \_\_\_\_\_ Mother/Guardian Work Phone Number \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Place of Employment \_\_\_\_\_

Father/Guardian Cell Phone Number \_\_\_\_\_ Father/Guardian Work Phone Number \_\_\_\_\_

School/Daycare Presently Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Previous Dance Education: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

EMERGENCY INFO: Name and number of friend or family member not listed above we can contact if needed:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**CONFIDENTIAL. PLEASE ANSWER THE FOLLOWING (IF STUDENT UNDER AGE 18)**

Student lives with:      Both Parents      Mother      Father      Other \_\_\_\_\_

Is there anything special we need to know about the student? \_\_\_\_\_

Medical and Medication \_\_\_\_\_ Learning/Behavioral/Handicaps \_\_\_\_\_

How did you hear about LCDC? \_\_\_\_\_

**I understand and agree to the following (initial each):**

\_\_\_\_\_ 1. This Membership Agreement constitutes a contract between Lindsey Claire Dance Company and myself, and I understand I am responsible for the payment of membership, tuition, costumes, and recital fees for the classes in which she or he is enrolled according to the payment schedule for the current year. I also understand I am responsible for paying the \$50 membership fee per student due at the time of enrollment for my child's spot to be reserved.

\_\_\_\_\_ 2. I understand that Lindsey Claire Dance Company reserves the right to cancel any class that does not have a sufficient number of students enrolled to support the class. I also understand that Lindsey Claire Dance Company has the right to evaluate and place a child in a class based on their skill level and ability, rather than age.

\_\_\_\_\_ 3. I give permission for Lindsey Claire Dance Company to photograph my child for promotional purposes.

“I have read, understand, agree, and will abide with all the studio policies located in the Policy Handbook and have read, understand, agree with the ACH Draft Form.” Signature: \_\_\_\_\_

I understand that dance and tumble is a sport. Although rare, injuries sometimes occur. I hereby release the Lindsey Claire Dance Company from any liability for any accident or injury occurring on or around property where my child is enrolled in classes or at any function held at other locations in association with the class in which my child is enrolled. I declare that my child is in good health and is physically able to participate in dance and/or tumble classes. In the event of an injury or emergency when parent or guardian cannot be contacted, I give permission for the Lindsey Claire Dance Company to obtain proper medical attention for my child.

Signature: \_\_\_\_\_

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