



REGISTRATION AND LIABILITY WAIVER

Name of Dancer: _____

Date of Birth: ____/____/____

Scholarship Student? Yes____ No____

If yes, where was scholarship was awarded? _____

Amount of scholarship: 1/4____ 1/2____ 3/4____ Full____

Studio Affiliation: _____

City Where Located: _____

Director/Owner: _____

Parent/Guardian: _____

Address:

Contact(s)/Phone Number(s):

Are there any medical conditions we should be aware of? If so, explain below:

INSURANCE AND PERMISSION FOR TREATMENT

ESDC does not carry medical insurance for its students. It is required that all students be covered by their own family insurance policy and it is understood that if injury does occur, the student's own policy is your only source of reimbursement. My signature below indicates my certification that I have medical insurance on the dancer listed above and will maintain continuous medical coverage while he/she dances at ESDC. I also authorize ESDC and its owners, employees, directors, etc. to use standard first aid procedures on the dancer listed above and to consent any other medical procedure that is deemed necessary in the case of an emergency. Furthermore, I certify that I personally and/or my medical insurance carrier will be responsible for all expenses which are incurred in relation to any injury sustained during any ESDC related activity including but not limited to a ESDC class, competition, show, etc.

Please list your medical coverage information below; make sure that you inform ESDC if this information changes.

Insurance Company Name: _____

Policy #: _____

Additional Information: _____

WAIVER OF LIABILITY

Safety is the main objective, but any activity involving motion has a chance of accidental injury. I, the undersigned parent or legal guardian of the dancer listed above, do hereby give permission for the aforementioned person to participate in any and all classes, programs, shows and events offered by or attended by Energy Source Dance Camp. I accept all risks associated with that participation and understand that there is a full possibility of serious physical illness or injury. I hereby covenant not to sue and waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against ESDC and its officers, owners, directors, employees, the owner of the facility in which ESDC exists and/or other assigned representatives or volunteers from any and all liability and for any and all damages and/or injuries which may be sustained or suffered by the dancer listed above while participating at or for ESDC. Furthermore, I hereby give my permission to ESDC to use photographs and/or videos of the dancer listed above as deemed appropriate for the promotion of Energy Source Dance Camp.

RULES AND REGULATIONS

My signature below also indicates that I have read, understand and will abide by all general rules and regulations that are set forth by ESDC and its owners, employees and directors and any additional rules or requirements as set forth throughout the year.

Parent/Guardian's Signature: _____

Date: ___/___/___