

Miami Valley Dance Academy Registration and Medical Release Form

Student's Name _____

Date of Birth _____

Address _____

City/State _____ Zip _____

Parent(s) or Guardian(s) _____

Home Phone # _____

Cell Phone # _____

Email Address _____

Emergency Name and Phone # _____

Are there any medical conditions we should be aware of? (If so, explain)

Consent/Release Waiver

Activities including Dance, Gymnastics, Cheerleading and Zumba Fitness may carry a risk of injury to the student or participating individual. Some of these risks include, but are not limited to, injuries such as bruises, broken bones, torn ligaments, dislocations, muscle pulls, etc. We, the staff of the Miami Valley Dance Academy, do everything we can to reduce the risk of accidents and injuries to participating students/individuals.

It is with this understanding that I enroll my child/myself into a program at the Miami Valley Dance Academy. If the need for medical treatment arises, I do hereby grant authority to the M.V.D.A. staff to transport or obtain transportation to the nearest hospital or treatment center. I further agree that, due to my understanding of the inherent risks involved, the owners and instructors who work with my child/myself shall not be held liable for any damages arising from personal injuries sustained in or about the dance studio. I hereby fully release and discharge the Miami Valley Dance Academy owners and instructors from any and all claims, demands, damages, rights of actions, present and future.

Tuition (Zumba Fitness excluded)

Tuition is due monthly. A grace period will be given. After the 15th day of the month, a \$5.00 late fee will be applied.

Please Read and Sign Below

I, the undersigned parent or guardian, have read and fully understand the above policies of the Miami Valley Dance Academy and agree to abide by them completely.

Parent or Guardian signature _____ Date _____