

ARTISTRY INTENSIVE REGISTRATION

Please fill out and return via email to artistrydanceandcompany@gmail.com

Circle One:
Ages 7-11
Ages 12 & up

Cost: \$300

Today's Date: _____
Dancers Name: _____ Birth Date: _____
Home Address: _____
Parent(s)/Guardian and Emergency Contact: _____
Relation: _____
Home Phone: _____ Cell Phone: _____
Email Address(es): _____

Medical Information

Current Medications: _____ Allergies: _____
Other Medical Conditions: _____

I (parent's name) _____ allow my dancer (dancer's name) _____ to participate in dance education and activities provided by Artistry Dance & Co, LLC. I am aware that any activity involving athletic training allows for the possibility of serious injury. I hereby release Artistry Dance & Co, LLC, including its directors, owners and employees, from any liability of the above named dancer. I certify that the above named dancer is in good health and may participate in dance activities. I am aware of the existence of my dancers physical appearance and participation in the activity at Artistry could result in exposure to Influenza, COVID-19. I attest that all information provided is truthful and that my dancer has not experienced symptoms that of fever, fatigue, dry cough, difficulty breathing, or any symptoms related to the COVID-19 virus. I hereby give Artistry Dance & Co permission to photograph, video, and publish coverage of the above named dancer. I agree that Artistry Dance & Co may use such photographs and videos without my name and for any lawful purpose including publicity.

Dancer's Name: _____

Parent/Legal guardian's Printed Name: _____
Parent/Legal guardian's Signature: _____