

ARTISTRY INTENSIVE REGISTRATION

Please fill out and return via email to [artistrydanceandcompany@gmail.com](mailto:artistrydanceandcompany@gmail.com)

Circle One:

Ages 7-12

Ages 13 & up

Cost: \$325

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: \_\_\_\_\_