



Elevating Excellence

9 Whitney Street, Suite 2 | Holliston, MA 01748 USA | (508) 429-7577 | DancingArtsCenter@gmail.com

Application & Release Form

Dancer's name: _____
(First) (Middle) (Last)

Date of birth: _____ **City of Birth:** _____
(Month) (Day) (Year)

Address: _____
(House number) (Street Name)

(City) (State) (Postal code) (Country)

Parent Email: _____
required

Student Email: _____
optional for students under 18 years of age / required if student is 18 years and over

Parent 1 Name: _____

Address: _____
(House number) (Street Name)

(City) (State) (Postal code) (Country)

Home phone number with area code: _____

Work/Cell number with area code: _____

Parent 2 Name: _____

Address: _____
(House number) (Street Name)

(City) (State) (Postal code) (Country)

Home phone number with area code: _____

Work/Cell number with area code: _____

Other emergency contact: _____
(not parent) (Name) (Relation to dancer)

(Home phone number) (Work phone number) (Email address)

OVER PLEASE



Other Information: _____

Health History (including any allergies and pre-existing conditions): _____

Medications currently taking and dosage: _____

Insurance information: _____

(Name of provider)

(Street Number and Address)

(City/State/Zip Code)

(Country)

(Telephone number with area code)

(Name of policy holder)

(Relation to dancer)

(Policy number[s])

(Name of primary care physician)

(Phone number with area code)

(Name of dentist)

(Phone number with area code)

(Preferred hospital, if any)

Liability: I, the undersigned, understand that Dancing Arts Center, its teachers, directors, pianists, and agents are not liable for personal injuries or loss or damage to personal property. Since dance is a physical activity, injuries may occur. Each student may decline to participate in any activity that may be harmful and is responsible for informing the instructor of any physical limitations that may prevent full participation in class or related activities. I hereby release and hold harmless the Dancing Arts Center, its staff, volunteers, and host families from and against liability or claim for any injury, misadventure, harm, loss, cost, or damage sustained as a result of my child's participation in the Dancing Arts Center's classes and activities.

Press and photography waiver: I, the undersigned, give Dancing Arts Center permission—in perpetuity and with no compensation—to use any and all photographic images of the above-named dancer, including but not limited to participation in rehearsals and backstage performance environments, for the purpose of publicizing the school's programs in any medium whatsoever, including but not limited to publicity materials, retail products, school publications, and school online literature and materials.

Release for treatment: The staff of Dancing Arts Center has my permission to seek any necessary medical or dental treatment for _____ to preserve life, limb, or teeth.
(Name of dancer)

Parent or guardian signature: _____ Date: _____

Dancer's signature: _____ Date: _____
(If over 18 years of age)