Bill & Rita Ament's

Dance Happy Classes: 2010-2011

Children & Teen Registration Form

Please Complete Both Sides

Name of Child:____________________________________Nickname:___________________

Age:_____________ Birthdate:__________ Grade:___________________________

Parent's (Guardian's) Name:____

Guardian's Relationship:____

Mailing Address:____

Physical Address:____

Phone:
(H)___________________________(W)__________________________________

(Cell)_________________________(Email)_______________________________

Two (2) relatives or friends who will be responsible for your child, if you or your spouse cannot be reached:

Name:____________________(H)_____________________ (W)________________

(Cell)______________________

Name:____________________(H)_____________________ (W)________________

(Cell)______________________

I , the undersigned, understand that monthly class tuition for ALL Dance Happy Classes is non-refundable, class/es are only for the person registered, class/es cannot be transferred to another class or individual.

____

Parent/Guardian Signature

Please Complete Liablity & Waiver Form On Other Side

Bill & Rita Ament's

Dance Happy Classes 2010-2011

Child & Teen Liability & Waiver Form

We realize insurance coverage is not provided to the participant, and we will assume all financial responsibility for any cost relating to any accident or injury that might occur while participating in DANCE HAPPY CLASSES. I will not hold Bill or Rita Ament, the employees or volunteers of Dance Happy, Dance Workshop II, Masonic Lodge, its employees and/or volunteers or anyone otherwise involved in named programs, responsible for any accident that might occur.

SIGNATURE FOR CHILD & TEEN

______________________________	______________________________	
MOTHER (print)	**MOTHER (sign)**	**DATE**
FATHER (print)	**FATHER (sign)**	**DATE**
GUARDIAN (print)	**GUARDIAN (sign)**	**DATE**

CONSENT TO EMERGENCY MEDICAL CARE & TREATMENT

I hearby give my permission that my child,

____

CHILD'S NAME

may be given emergency treatment to include First Aid and CPR.

I further authorize and consent to "any necessary emergency medical care to be provided by a licensed practitioner" and to medical, surgical and hospital care, treatment and procedures to be performed for my child by my child's regular physician

______________________________________/____________________________

Name Phone Number

(or other licensed physician if necessary) or hospital when deemed necessary or advisable by the physician to safeguard my child's health, and I cannot be contacted. I waive my right of informed consent to such treatment.

PARENT/GUARDIAN

SIGNATURE:______________________________DATE:____________________