

# Bill & Rita Ament's

## Dance Happy Classes 2017-2018

### Children & Teen Registration

\*Please Complete Both Sides – Print Legibly\*

Name of Child: \_\_\_\_\_ Nickname: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's (or Guardian's) Name: \_\_\_\_\_

Guardian's Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

(Cell) \_\_\_\_\_ (Email) \_\_\_\_\_

(Important & Necessary)

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 to be used for the person registered, and class/es cannot be transferred to another class or individual.

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PARENT/GUARDIAN SIGNATURE

*\*Please Complete Liability & Waiver Form On Other Side\**

# **Bill & Rita Ament's**

## **Dance Happy Classes 2017-2018**

### **Child & Teen Liability & Waiver**

We (Parent/Guardian) realize insurance coverage is not provided to the participant, and we (Parent/Guardian) 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 Bill & Rita Ament's Dance & Creative Arts, Dance Happy, Dance Workshop 2, Friday Harbor Masonic Lodge, San Juan Community Theatre, San Juan Community Theatre's PARC Building, 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 hereby 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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN