



Registration and Emergency Form

Dance Fremont!
4015 Stone Way North
Seattle, WA 98103

Are you a New ____ Returning ____ or Current ____ student?

Student's Name: _____ Birthdate: _____

Parent Name and Cell #: _____

Additional Parent Name and Cell #: _____

Home phone # if applicable: _____

Address: _____

City, State, Zip: _____

E-mail Address: _____

Fall 2016 Grade and School: _____

Where did you hear about Dance Fremont!: _____

Previous Dance Training: _____

Desired Class(es), Time, Day: _____

Session: _____

Payment Due Dates:

First quarter due: Week of August 29

Third quarter due: Week of January 16

Second quarter due: Week of October 31

Fourth quarter due: Week of March 20

Tuition:\$ _____

Discount (If applicable)\$ _____

Annual Registration (per family)...\$ 25

Scholarship Fund Donation.....\$ _____

Total Payment Enclosed.....\$ _____

All tuition is non-refundable. However, exceptions are made either with a doctor's note stating the medical reason necessary for withdrawal, or if a class is cancelled due to low enrollment and a substitution is not available. Please provide one month's advance notice if a student plans to leave the program.

I have read and understand the policies regarding non-refundable tuition, make-up classes and payment obligations, which are published on dancefremont.com

Signature: _____

Date: _____

The Dance Fremont! faculty should be informed of any physical limitations (past injuries) or medical conditions that may require special attention for the student:

In the event of a minor injury (fall, scrape, strain, or sprain), the faculty of Dance Fremont! will apply ice, elevate and if necessary contact the parent or the contact person(s).

In the event of a medical emergency, the faculty of Dance Fremont! will call 911, and then will attempt to reach the parent or the emergency contact person(s).

Please list two **additional** people whom we may contact in the case of an emergency in the event that the parent or legal guardian cannot be reached:

Emergency Contact #1 _____
Phone: _____

Emergency Contact #2 _____
Phone: _____

I have read and understand the emergency and non-emergency procedures mentioned above and agree to participate/allow my child to participate in the Dance Fremont! programs.

Signature: _____ Date: _____

PHOTOGRAPHY RELEASE/WAIVER

I (check one) do do not grant permission to Dance Fremont, the irrevocable right to use the photographs take of my child, as identified above, for use in any Dance Fremont publication such as advertising or newsletters, and to use the photographs on display boards, and to use such photographs in electronic versions of the same publications or on the Dance Fremont website or Dance Fremont Facebook Page.

I also grant permission to Dance Fremont to offer the identified photographs for use or distribution in these types of publications, electronic or otherwise, without notifying me.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs.

I hereby agree to release, defend, and hold harmless Dance Fremont, including any firm publishing or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages, or liability arising from or related to the use of the photographs.

Printed Name of Parent/Legal Guardian of Student

Signature of Parent/Legal Guardian of Student *Date*
