



Summer 2017 Youth Programs 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's Name(s): _____
Address: _____
City, State, Zip: _____
Phone (Home): _____ (Cell) _____
E-mail Address: _____
Where did you hear about Dance Fremont!: _____
Previous Dance Training: _____

Check desired class/classes:

Creative Dance: [] Session 1 6/17-7/15 [] Intro to the world of [] Session 1 6/26-6/30
[] Session 2 7/22-8/19 [] Dance: [] Session 2 7/31-8/4
Preparatory 1: [] Session 1 6/17-7/15 [] Intermediate Full-Day [] Session 1 7/10-7/14
[] Session 2 7/22-8/19 [] Workshop: [] Session 2 7/17-7/21
[] Session 3 7/24-7/28
Preparatory 2: [] Session 1 6/17-7/15 [] Advanced Contemporary [] Week 1 8/7-8/11
[] Session 2 7/22-8/19 [] Dance Intensive: [] Weeks 1 & 2 8/7-8/18
Dance A Story: [] 6/26-6/29 (Audition required)

Tuition: \$ _____
Discounts (if applicable)
10% Early Bird Discount (tuition paid in full by April 29) \$ _____
10% Sibling discount \$ _____
Annual Registration (per family) \$ 25 _____
Total Payment Enclosed \$ _____
50% deposit is required to reserve a place in the summer program.
Any remaining balance is due by the first day of class.
Remaining balance due (if applicable) \$ _____

Cancellations 30 calendar days prior to the start date of a class or camp will be fully refunded minus the registration fee. Cancellations 15 calendar days prior to the start date of a class or camp will be 50% refunded minus the registration fee. We cannot refund any tuition 14 days prior to the camp or class or after the class or camp has begun. Classes missed cannot be made up or refunded. If a medical emergency occurs during a camp that prevents the student from continuing, we ask for a physician's note and can apply the remainder of the tuition to future classes.

I have read and understand the policies regarding tuition and payment obligations.

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! may take measures such as applying ice, elevating, and if necessary will 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:

Additional Emergency Contact #1 _____
Phone: _____

Additional 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 taken 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