



Jacobs Well Community Centre
Bay Drive, Jacobs Well, QLD 4208
Director: Kori Walsh
footingsdancestudio@gmail.com
Ph: (07) 5546 2505 / 0499499046
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REGISTRATION FORM 2015

NAME: _____ AGE: _____ DOB: _____

ADDRESS: _____ PHONE: _____

_____ QLD _____ MOBILE: _____

PARENT/GUARDIAN NAME: _____

EMAIL: _____

REGISTERING FOR:

JAZZ _____ TAP _____ HIP HOP _____ BALLET _____ CHEERLEADING _____

Previous dance experience: YES / NO If yes, Please note: _____

Preferred Days: _____

RELEASE OF LIABILITY FOR PARTICIPANTS

IN CONSIDERATION OF _____, my child being allowed to participate in the dance program, related events and activities of Footings Dance Studio, the undersigned acknowledges, appreciates, and agrees that:

I have read, understand and agree to the Terms and Conditions for Participation;

In the event of injury to my child from the activities involved in this program, I

- 1) assume full responsibility for informing Footings Dance Studio of any previous or current health condition or physical injury with your child.
- 2) willingly agree to comply with the programs' stated and customary terms and conditions for participation
- 3) myself and my child understand and agree that in participating in any dance class, workshop, rehearsal or performance, there is a possibility of physical injury. I understand that Footings Dance Studio will have Public Liability Insurance. I exempt, release, and indemnify volunteers, teachers, assistants, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, or injury to me, my children, or property which may arise in connection with participation in any classes or activities conducted by Footings Dance Studio.

(Parent/Guardian Signature)

(Print Name)

Date Signed: _____