

Akimbo Dance Studios Registration Form

Student Name: _____

Address: _____ Postal Code: _____

Home Phone: (____)_____

Student Cell Phone: (____)_____

Birthdate (year/month/day): ____/____/____ Age: _____

Primary Household e-mail: _____

Parent Name: _____

Parent Cell Phone: (____)_____

Parent Work Phone: (____)_____

Student's Care Card Number: _____

Medical Conditions or Allergies:

Class Number (refer to schedule): _____ , _____ , _____

_____ , _____ , _____

- I, the undersigned, being 18 years of age or older, on behalf of the student named above, understand that Akimbo Dance Studios and the instructors thereof are not liable for personal injuries or loss of, or damage to, personal property. I understand that participating in dance classes involves the possibility of physical injury. I therefore assume all risks involved in the participation of classes held at Akimbo Dance Studios, whether it is I, or my participating minor child. I exempt, release and indemnify Akimbo Dance Studios, and the faculty thereof, including assistants, volunteers and administrative assistants from any and all liability claims, demands or causes of action whatsoever from any damage, loss or physical injury to myself or my participating child. By signing below or clicking on this box, I am acknowledging that I have read and agree to be bound by all of Akimbo Dance Studios' policies and conditions.

Parent or Legal Guardian Signature

Date: _____