



Registration Fee FEE PAID DATE

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Cash/ Cheque/Online



# 2018

## Tippy Toes & Jazz'n'Beats

Child 1 \_\_\_/\_\_\_/\_\_\_ Child 2 \_\_\_/\_\_\_/\_\_\_

Please Fill Form in with Block Lettering eg: 5/2/2003 Date of Students very 1st Lesson with ADS

1. Student's Name \_\_\_\_\_ Dob \_\_\_/\_\_\_/\_\_\_

2. Student's Name \_\_\_\_\_ Dob \_\_\_/\_\_\_/\_\_\_

Postal Address \_\_\_\_\_ Pc \_\_\_\_\_

Address \_\_\_\_\_ Pc \_\_\_\_\_

Email \_\_\_\_\_

Please print email address accurately and legible

Parents Name \_\_\_\_\_ Home Ph \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Parent Mb \_\_\_\_\_ Student Mb \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Ph \_\_\_\_\_

### Child 1

### Child 2

Tippy Toes  
Ballet

Jazz'n'Beats

Tippy Toes  
Ballet

Jazz n Beats

**HEALTH INFORMATION** Any relevant health issues and action plans (Asthma, Allergies etc.)

Child 1 \_\_\_\_\_

Child 2 \_\_\_\_\_

**PERMISSION**

I give my permission for my Child/Children (named above in this registration form) for their image/s to be used for the purpose of advertising for the studio through multi media and I also will allow my contact details to be given to Troupe Leaders for the purpose of communicating Alana's Dance Studio Information to me.

**IMPORTANT INFORMATION** - No Parent or student involved with ADS now or in the future has permission or authority from Alana's Dance Studio to upload or display images, photos of students or video of dances choreography, or costumes, in any form on Electronic or Multimedia eg: YouTube, FaceBook, newspapers and or similar, due to copyright and the current **Federal Child Protection laws**.

I have read the above paragraph explaining about giving my permission and also understand I cannot upload or display any other students image or video on electronic or any media. You must apply for permission to ADS when uploading any of the above media that involves ADS images, video etc as explained above.

\_\_\_\_\_  
Parents / Guardian Signature



# Alana's Dance Studio

Lot 51 Paxton Street Willaston 5118, SA [info@alanasdancestudio.com](mailto:info@alanasdancestudio.com) Ph:0405459848

## **RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT.**

By signing this agreement you will waive certain legal rights, including the right to sue.

**PLEASE READ CAREFULLY.**

### **AWARENESS AND ASSUMPTION OF RISK**

I am aware that Dancing, Acrobatics involves risks including risk of personal injury, death, property damage, expense and related loss, including loss of income.

Included in these risks are negligence on the part of Alana's Dance Studio, it's Directors, Officers, Officials, Teachers, Student teachers and Volunteers, others participants and Owners of the facilities where the activities occur ( referred to in the rest of the document as Alana's Dance Studio AND OTHERS. I freely accept and fully assume all such risks and the possibility of personal injury, death property damage, expense and related loss including loss of income.

### **RELEASE AND LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT**

in consideration of Alana's Dance Studio accepting my application for my child/children participating in this activity as parent or guardian

**I Agree**

1. To waive any and all claims that I/they may have in the future against Alana's Dance Studio AND OTHERS
- 2, to release Alana's Dance Studio and OTHERS form any and all liability for any personal injury, death, property damage, expense and related loss due to participation in this activity due to any cause whatsoever, including negligence and any statutory duty of care
3. This agreement is binding not only to myself (Alana Coleman) , my children, also my next of kin, heirs executors, administrators and assigns.

### **PARTICIPATION CONSENT AGREEMENT**

1. I warrant the participant/s named on this form is physically fit to participate in dance, stretch and acrobatics.
2. I declare that I have accurately disclosed all information and medical conditions about my child/children.
3. I hereby give permission for emergency medical treatment and to call an ambulance if necessary to the named participant/s
4. It is understood that whenever possible relatives will be contacted if such an emergency arises
5. I hereby give my child/children permission (or whom I am the legal guardian) to participate in these activities

**I READ THIS AGREEMENT AND UNDERSTAND IT. I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE ME OR MY NEXT OF KIN, HEIR EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST ALANA'S DANCE STUDIO AND OTHERS.**

Date Signed \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Please Print Name Clearly