

Broadway Dance Arts
2009-2010 Registration Form

Student Name: _____ **DOB:** _____

Name of Parent or Guardian: _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

E mail: _____

STUDENT CARE: The school is not responsible for providing before or after class care for students. Students are not to be left alone at the school/Club for excessive time periods.

HOLD HARMLESS

Part One

It is understood and agreed between Broadway Dance arts, Inc. and the undersigned that anyone attending the school agrees and discloses that they are carrying their own medical insurance. If Broadway Dance Arts accepts the undersigned party's minor child or the undersigned as an enrollee and participant in any of Broadway Dance Arts' programs they will assume the risk and hold Broadway Dance Arts harmless from injury, damage, or expense that might be incurred as a result of their child's or their own participation in the instruction and activity embodied in the program of Broadway Dance Arts. Parents, legal guardians of minor students and adult students waive the right to any legal action for any injury sustained on the school property resulting from normal dance activity or any other activity conducted by the students before, during, and after class time.

Part Two

I hereby recognize that there are inherent dangers and risks of physical injury in using Sportsplex facilities and participating in its activities. It is expressly agreed that all exercises and treatments and use of equipment and facilities of Sportsplex are and shall be undertaken at the parents and parents minor child(ren)'s sole risk, and that the parents and parents child(ren) assume the risk of any injuries he or she or they may suffer as a result of using any of the equipment or the facilities of Sportsplex, and that Sportsplex shall not be liable for any claims, demands, injuries, damages, actions, or causes of action whatsoever to the parents child(ren) or their property arising out of or connected with the use of any of the services, equipment and/or facilities of Sportsplex of the property or premises where same are located, and the parent does hereby expressly forever release and discharge Sportsplex from all such claims, demands, injuries, damages, actions or causes of action and from all acts of Sportsplex's negligence, active or passive, and all other fault on the part of Sportsplex, its servants, agents or employees.

I have read and am familiar with the terms and conditions contained in the waiver of liability stated above:

Parent Signature: _____ **Print Name:** _____

I, _____ as Parent or Guardian of _____

Agree to the policies of Broadway Dance Arts. I acknowledge there are NO REFUNDS or EXCHANGES on tuition and that there is NO CREDIT given on withdrawal from any Broadway Dance Arts program.

Parent Signature: _____ **Date:** _____

Name and day of class(es):

1. _____

2. _____

3. _____