



Please Mail/Fax With Payment To:  
Wilton Dance Studio, Inc.  
P.O. Box 427 Wilton, CT 06897-0427  
Fax: 203.544.8820

# Wilton Dance Studio, Inc.

## Registration Form 2017 - 2018

Please print & fill out one form per student



Dancer's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Emergency Contacts:

Please give the name and contact numbers for two people who may be contacted in case of emergency or illness. These people should live in the general vicinity of Wilton Dance Studio, Inc.

1. Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

### WAIVER OF LIABILITY

The undersigned hereby: (I) acknowledges that dancing is an activity which involves certain risks, (II) assumes the risks of my or my child's participating in Wilton Dance Studio's classes, (III) hereby irrevocably releases Wilton Dance Studio, Inc., its employees, agents, officers, directors, and/or successors from any and all liability of any type or nature arising out of my or my child's participation in its classes or similar activities, and (IV) photos and videos taken of my child/children may be used for the purpose of advertising Wilton Dance Studio, Inc. I declare to the best of my knowledge and belief that I/my children are in sufficient good health to participate in these programs.

Are there any medical or social issues the staff should be aware of? \_\_\_\_\_

In signing I hereby acknowledge and accept the Wilton Dance Studio, Inc. Policies and Procedures.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_