



Dance Company
REGISTRATION FORM

Dancer Information

Name _____ DOB _____ Age _____
Mailing Address _____ City _____ Zip Code _____
School Attending _____ Grade Attending _____
Year attending dance _____ Email Address _____

Guardian Information

Tuition paid by _____ Relationship to student _____
Mailing Address _____ City _____ Zip Code _____
Home phone _____ Cell phone _____
Place of Employment _____ Work Phone _____

Emergency Contact Information

Name _____ Relationship to student _____
Home phone _____ Cell phone _____



Sparrow Dance Company

Medical Release Form

This form is to authorize Sparrow Dance Company, 203 N. Main Street, Denver City, Texas 79323, their agents, representatives and employees (hereinafter "the School") to obtain emergency medical assistance and to provide transportation for the child herein below named, and to release the School from liability for injuries to children while on School premises or otherwise in the care of the School staff members, such as in transporting the children. In the event that I cannot make arrangements for emergency medical attention at the time of illness or accident of my child, _____ (Student Name), I hereby authorize any agent, representative, or employee of the School to take my child to:

Dr _____

Phone _____

Or to _____ Hospital, where

medication or medical procedures they deem necessary for my child's well-being will be administered. Please be aware that the parent or legal guardian will pay all bills! I further understand and agree that the School, its agents, representatives, or employees may administer simple first aid in the event of minor injuries, and family members or doctors will be called when in the direction of the School personnel, it is deemed necessary, I represent that I am the parent/guardian of _____, and am fully responsible for the care and well-being of my child. Known

Allergies _____

Allergies to Medications _____

Current Medication being taken _____

I have read the foregoing and agree with it in all respects.

Signature _____

Date _____



Sparrow Dance Company

Model Release and Authorization to Photograph/Video

For Consideration, I hereby grant Sparrow Dance Company, the irrevocable right and permission, throughout the world, in connection with photographs and/or videos that have been taken of me/my child, or in which I may be included with others, the following:(a) The right to use and reuse, in any manner at all, said video or photos, in which or in part, modified or altered, either by themselves or in conjunction with other photographs, in any medium or form of distribution, and for advertising purposed only of Sparrow Dance Company, including, without limitation, all promotional and advertising uses, and other trade purposes, as well as using my name in connection therewith, if Sparrow Dance Company desire; and(b) The right to copyright said photos or video and hereby waives the right to inspect or approve any use thereof. I hereby forever release and discharge Sparrow Dance Company, from any and all claims, actions, and demands arising out of or in connection with the use of said photographs, including, without limitation, any and all claims for invasion of privacy and libel. This release shall inure to the assigns, licensees, and legal representatives of Sparrow Dance Company, as well as the party(ies) for whom he/she took said photos or video. I represent that the student/model is a minor and that I am the parent or duly authorized representative of the model and that I have read the foregoing and fully and completely understand the contents hereof.

(Print name of student/model)

(Signature of parent/guardian)

Policy Agreement

I have read and comply with all of Sparrow Dance Company Policies, Release Forms and Payments Options. I understand that the medical release and model release forms are good for the duration of my child's enrollment at Sparrow Dance Company.

Signature _____ Date _____