



Confidential

# Master Class Registration

STUDENT'S NAME: \_\_\_\_\_

HOME ADDRESS:(Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

HOME TELEPHONE NO.: (\_\_\_\_) \_\_\_\_\_

EMERGENCY PHONE NO.: (\_\_\_\_) \_\_\_\_\_ CONTACT: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE MASTER CLASS?: \_\_\_\_\_

WOULD YOU LIKE TO BE ON OUR MAILING LIST? \_\_\_\_\_

**MEDICAL INFORMATION or SPECIAL NEEDS** (Allergies, asthma, contact lens, recurring injuries, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Master Class: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Payment Method: \_\_\_\_\_

Date Paid: \_\_\_\_\_

**Release of Liability/Assumption of Risk:** The undersigned participant or parent/guardian, in consideration of participation in the program activities indicated on this form, agrees to indemnify and hold harmless Dance Expressions, its representatives, its successors, and assigns and releases the same from any and all liability for any injury or illness which may be suffered by Master Class participants, arising out of, or, in any way connected with the program or activity indicated and assumes the risk for such injury or illness. I further agree to abide by all Dance Expressions procedures and policies.

**Waiver for Photo Release:** I give my consent for any photos taken of my child involved in Dance Expressions programs to be used for Dance Expressions promotions or display unless otherwise indicated in writing.

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