

# REGISTRATION FORM

CAPISTRANO ACADEMY OF DANCE, Inc.  
31734 Rancho Viejo Rd, Suite A  
San Juan Capistrano, CA 92675  
(949) 429-2662  
www.capistranodance.com

Registration Date: \_\_\_\_\_

**Billing Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Hm Phone: \_\_\_\_\_ **E-mail (req'd)** \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Are you on Facebook? Yes No Facebook page: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Student Name:** \_\_\_\_\_  
First Last

Address if different from billing: \_\_\_\_\_

Birth date: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Special Medical Condition/Needs: \_\_\_\_\_

<u>Classes</u>	<u>Course Description</u>	<u>Studio</u>	<u>Day</u>	<u>Time</u>	<u>Tuition</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
Registration Fee _____				Total Tuition _____	

### Capistrano Academy of Dance Minor Consent and Assumption of Risk Statement

I/we fully understand and will instruct the minor participant that:

1. there are risks and dangers associated with participation in dance, dance events and activities including but not limited to those of bodily injury, partial and /or total disability.
2. the social and economic losses and /or damages which could result from those risks and dangers described above, could be severe;
3. these risks and dangers may be caused by the negligence of the participant or the negligence of others; and
4. there may be other risks not known to us or not reasonably foreseeable at this time.

I/we accept and assume such risks and responsibility for the losses and/or damages following such injury or disability however caused or alleged to be caused in whole or in part by negligence of Capistrano Academy of Dance, its members, event hotels, other participants, their officers, directors, agents and employees. In the event of an emergency, we authorize Capistrano Academy of Dance to secure treatment by an accredited hospital and /or physician deemed necessary for the immediate care of our child/children and that we will be responsible for payment of medical services rendered.

I am aware that individual and group pictures are taken throughout camp weeks, classes and performances and may appear in Capistrano Academy of Dance publicity or advertising and by my initials I hereby voluntarily grant my permission \_\_\_\_\_.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_