



NEW STUDENT APPLICATION

Dancer Name: _____ **DOB:** _____ **Age:** _____

Primary Cell Phone #: _____

Secondary Home/Cell Phone #: _____

Parent/Guardian Name(s): _____

E-Mail: _____

Address: _____ **City:** _____ **Zip:** _____

Comments: *any medical conditions to be aware of?* _____

How did you hear about us?

Friend's name: _____ Flyer ____ Website ____ Others ____

Are you on any school Dance Team, Color Guard, Dance Crew/Club? _____

DISCLAIMERS:

WEBSITE/MARKETING MATERIALS DISCLAIMER -- Any photos and/or videos of the students' work taken during regular scheduled classes, informal studio performances, camps, competitions and annual showcases can be posted onto Dancecapade official website at www.dancecapade.com, Dancecapade youtube account, Dancecapade Instagram account, Dancecapade Yelp page, and/or Dancecapade's Facebook page. It will give students a sense of accomplishment to see their work. It is also a quick access for family and friends to find out the latest news with the students.

I (we), authorize Dancecapade, Inc, and any other person, representative, employee or agent to post any photos or videos of my daughter/son's performances such as Dance Showcase, Dance Classes, Local Performances, Dance/Cheer Camps, and Competitions to Dancecapade website at www.dancecapade.com, Dancecapade youtube account, "Dancecapade PAC", Dancecapade Facebook page at www.facebook.com/dancecapadepac, Dancecapade Instagram account and/or Dancecapade Yelp account.

I agree to hold Dancecapade, Inc, and any other person, representative, employee or agent harmless in the exercise of this authority. I acknowledge that the photos and videos can be posted onto the official website, www.dancecapade.com, Dancecapade youtube account, Dancecapade Instagram account, Dancecapade Yelp account, and/or Dancecapade Facebook page with good taste and integrity.

LIABILITY DISCLAIMER – Dancecapade Inc, also known as Dancecapade is not liable for personal injuries or loss of, or damage to personal property. Each student may decline to participate in any activity. Please inform instructor of any personal limitations the student may have.

I (we), hereby release and hold harmless that Dancecapade Inc, its employees, and its principal from any and all liability that may occur as a result of participants' attendance in the classes.

I (we) have read and agreed to the policies and disclaimers of Dancecapade Inc, also known as Dancecapade.

Signature of Parent or Guardian: _____

Date: _____

8/19/17