



ADULTS@DCDANCESPORTACADEMY.COM  
WWW.DCDANCESPORTACADEMY.COM  
*where the dreams of today,  
become the reality of tomorrow*

# ADULTS BALLROOM – REGISTRATION, CONSENT & RELEASE FORM

**Please fill out one form per each student and present it to your instructor with your payment  
Cash and Checks Only Please.**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

## STUDENT INFORMATION

Name: \_\_\_\_\_

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

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mobile Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

## EMERGENCY INFORMATION

Who should we contact in case of emergency?

Name: \_\_\_\_\_

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

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mobile Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Are there any medical or learning problems we should be aware of? Yes / No

(including but not limited to: Heart Problems, Epilepsy, Asthma, ADD, LD, Allergies, Other - Please specify and provide additional documentation explaining conditions and turn in with this application: \_\_\_\_\_)

\_\_\_\_\_  
STUDENT SIGNATURE

## CONSENT FORM

I understand that ballroom dance is a physical activity that, as with any physical activity, includes risks or hazards of injury. Ballroom dance can be strenuous and students may suffer injuries, either minor or very serious in nature.

DC DanceSport Academy's will not, and does not, accept responsibility for injuries sustained by any student during the course of instruction or related activities, or in the course of any exhibition, competition, or other event in which he or she may be participate, or while traveling to or from any event.

Acknowledging the above, I consent to my participation in the programs offered by DC DanceSport Academy. I, for myself waive and release all rights and claims for damages that I or my child may have at any time against DC DanceSport Academy including, specifically, for any injury or damages that may be suffered by me or my children in connection with my child's participation in the activities offered and/or sponsored by DC DanceSport Academy.

I fully understand that the teacher(s) and staff of the studio are not physicians or medical practitioners of any kind. With this in mind, I hereby release DC DanceSport Academy to render temporary first aid in the event of any injury or illness and, if deemed necessary by DC DanceSport Academy or staff of the studio, to contact a doctor and to seek medical help, including transportation to any health care facility or hospital, or the calling of an ambulance or other emergency medical services. I also affirm that I now have and will continue to provide proper hospitalization, health and accident coverage which I consider adequate for my own protection. I understand that it is strongly advisable that I should have had a physical within the last year. I have no known disabilities that would prevent him or her from participating in dance class.

**I have read, understood, and accept the above.**

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE



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## ADULTS BALLROOM – RELEASE FORM

I do hereby authorize Lydia Petrigova, DC DanceSport Academy's Adults Ballroom, and those acting pursuant to their authority to: Record my participation and appearance on video tape, audio tape, film, photograph or any other medium / Use my name, likeness, voice and biographical material in connection with these recordings / Exhibit or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose which above stated organizations, and those acting pursuant to its authority, deem appropriate.

Students' Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone No.: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

STUDENTS' SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_