

*Platinum Dance Company*  
*Registration Form*

**Today's Date:** \_\_\_\_\_  
**Student's full name:** \_\_\_\_\_  
**Student's birth date:** \_\_\_\_\_  
**Age (as of today):** \_\_\_\_\_  
**Student's full mailing address:** \_\_\_\_\_

**Parent(s)/Legal Guardian(s) name(s) if under 18 yrs:** \_\_\_\_\_

**Email address:** \_\_\_\_\_  
**Home phone number:** \_\_\_\_\_  
**Parent's/Adult work telephone number:** \_\_\_\_\_

**Emergency phone number:** \_\_\_\_\_  
**Other emergency contact, relationship, & telephone number:** \_\_\_\_\_

**Medical insurance carrier (company name):** \_\_\_\_\_  
**Policy Number:** \_\_\_\_\_

**Any regularly taken medications, medical conditions, or allergies:**  
\_\_\_\_\_  
\_\_\_\_\_

**Primary care physician's name & telephone number:**  
\_\_\_\_\_

**Dance, Music, Cheer experience:**  
\_\_\_\_\_

**Where did you learn about Platinum Dance Company?**  
\_\_\_\_\_

**Release of Liability:**

I \_\_\_\_\_ does hereby covenant and agree to release and hold harmless Platinum Dance Company from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out participation in the Platinum Dance Company Cheer Tumbling or Dance.

I understand participation in Platinum Dance Company Cheer Tumbling or Dance involves rigorous physical activity and risks of physical injury, and we assume these risks. I hereby give consent for emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant. I further certify the participant is in good physical condition, and has no medical or physical conditions that would restrict his/her participation in this event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Financial Responsibility:** I \_\_\_\_\_, assume full financial responsibility for all tuition at Platinum Dance Company that (student name) \_\_\_\_\_ is registered for as all tuition is NON REFUNDABLE. I understand that there will be late fees added to the account for payments made after the posted due dates and that there will be a \$25 fee added to all returned checks. I am aware of my responsibility for all information included in the Platinum Dance Company Studio Regulations and Policies and information included in PDC newsletters.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Full Billing Address: \_\_\_\_\_

**Appearance Agreement:** I understand that PDC produces promotional material about its programs. I understand that as a participant, my child may be included in video tapes or photographs taken during the year. I hereby grant Platinum Dance Company, its successors, assignees, licensees, sponsors, television networks, and all other exhibitors, the exclusive right to photograph or video tape my child and further use my child's name, face, likeness, voice and appearance as a part of its advertising and promotions without reservation or limitation. In granting this license, I understand that Platinum Dance Company is under no obligation to exercise any of its rights, licenses, and privileges herein granted.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Full Billing Address: \_\_\_\_\_

**\*ALL DANCE CLASSES please include a \$15 registration fee with the completed form to:**

Platinum Dance Company  
201 Scottsville West-Henrietta Rd Suite 6,  
West Henrietta, NY 14586.