

DanceArts Greenville
Adult Ballet Registration

Dancer's Name (Last) _____ (First) _____

Dancer's Age ____ Dancer's Birthday ____/____/____

Mailing Address _____

(City) _____ (zip) _____

Cell # _____

Email _____ @ _____

Tuition payments can be paid by one of the following options


*Drop in class rate of \$15.00/hr \$20.00 1.5/hr per class

*12 class punch card at a rate of \$180.00

We would like to document some of the exciting classes for promotional materials. If you will allow DAG to use your image please initial here _____.

I have read the above and understand by obligation to DanceArts Greenville.

Signature _____ Date ____/____/____

 *Please continue to fill out and sign the backside. ~ Thank you*

DanceArts Greenville
Adult Medical Release Form

Dancer's Name _____

Are you physically fit to study dance? Yes _____ No _____

Know allergies? Yes _____ No _____

If Yes Please list _____

Current Medications? Please list

Please describe any Medical conditions that we should be aware of:

I, _____ understand that dance involves physical contact between dancers, that serious accidents occasionally occur during such activities, and that participants in such activities occasionally sustain serious personal injuries (including death) and/or property damage as a consequence thereof. Knowing the risks of participation, I hereby agree and I assume those risks and release and hold harmless DanceArts and its agents, sponsors and employees who (through negligence or carelessness) might otherwise be liable to me for damages. I agree that I will not make a claim against, sue personal injury or property damages, which I may sustain as a result of my participation in these activities.

I attest that I am eighteen years old or older, and that I have known medical conditions, which prohibit participation in this activity. I agree to follow all laws, rules and guidelines regulating the conduct of DanceArts dancers.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability from myself and DanceArts and its agent's sponsors and employees, and I have signed it of my own free will.

Signature _____ Date ___/___/___