## ELITE DANCE BY DAMIAN

## **2025 Summer Registration**

Student Name				
Age Birthdate				
Address				
City	State	_ Zip Cod	e	
Parents Names				
Phone 1 2		Phone		
E- mail				
Allergies:				
SESSION 1 -June 16 <sup>th</sup> -	19 <sup>th</sup> and June 2	23 <sup>rd</sup>		
Ages (5-7)- \$200.00 up)- \$200.00	Ages (8-11)-	\$200.00	Ages (12 an	ıd
SESSION 2- July 14 <sup>th</sup> -1	L7 <sup>th</sup> and July 2:	1 <sup>st</sup> -24 <sup>th</sup>		
Ages (5-7)- \$200.00 up)- \$300.00	Ages (8-11)-	\$300.00	Ages (12 an	ıd
Age 11. Hybrid Ontion	nal \$100 00 ev	tra ner sø	ession to	

attend both (8-11) and (12 and over) sessions.

## (Sessions 1 and 2 Mandatory for all current Company Members)

TOTAL DUE	Check #	Date
Signature		

No Refunds/Credits. Tuition is Non-Transferable
No Family Discounts or Boys Promo in Summer
Injury Release and Photo Release must also be turned in.

I HAVE READ ELITE DANCE BY DAMIAN INC. POLICIES AND PROCEDURES IN THEIR ENTIRETY, UNDERSTAND THEM, AND AGREE TO COMPLY WITH THEIR CONTENTS.

I HEREBY RELEASE AND REQUEST ELITE DANCE BY DAMIAN INC. TO ACT FOR ME ACCORDINGLY TO THEIR BEST JUDGEMENT IN ANY EMERGENCY THAT MAY REQUIRE MEDICAL ATTENTION TO MY CHILD, AND I HEREBY WAIVE AND RELEASE ELITE DANCE BY DAMIAN INC. AND ALL IT'S INSTRUCTORS AND INDEPENDENT CONTRACTORS FOR ANY AND ALL LIABILITY FOR ALL INJURIES AND ILLNESS WHILE TRAVELING TO AND FROM THE STUDIO, AND WHILE RECEIVING INSTRUCTION AT ELITE DANCE BY DAMIAN INC. FUTHERMORE, I UNDERSTAND THAT ALL MEDICAL/DENTAL EXPENSES INCURED WILL BE THE SOLE RESPONSIBILITY OF THE STUDENT OR STUDENT'S FAMILY. I ACKNOWLEDGE AND AGREE TO THE STUDIO'S INJURY RELEASE POLICIES INCLUDING THE COVID-19 RELEASE.

I UNDERSTAND THAT DANCE CLASSES MAY INCLUDE, WITHOUT LIMITATION, DANCING WITH PROPS, STRETCHING, BARRE WORK, ACROSS THE FLOOR COMBINATIONS, DANCE ROUTINES IN THE CENTER, AND OTHER RELATED ACTIVITIES. I FURTHER UNDERSTAND THAT ALL OF THE ACTIVITIES OF THE DANCE CLASS INVOLVES SOME DEGREE OF RISK OF STRAIN OR BODILY INJURY. ELITE DANCE BY DAMIAN INC. IS NOT RESPONSIBLE FOR PERSONAL PROPERTY.

IN LIEU OF A MEDICAL CERTIFICATE SIGNED BY A PHYSICIAN I HAVE NO KNOWLEDGE OF ANY PHYSICAL OR MENTAL IMPARMENT THAT WOULD BE AFFECTED BY THIS NAMED STUDENT'S PARTICIPATION IN THIS PROGRAM WHICH IS OUTLINED IN INFORMATIONAL MATERIAL AT THE STUDIO AND ON THE WORLD WIDE WEB (WWW.ELITEDANCEBYDAMIAN.NET), WHICH I HAVE READ AND UNDERSTAND.

FUTHERMORE, I UNDERSTAND THAT ELITE DANCE BY DAMIAN INC., RESERVES THE RIGHT TO USE ANY PHOTOGRAPHY, VIDEO, RECORDING OR ANY OTHER RECORD OF EVENT OR

BELONGINGS LEFT IN STUDIO OR OUTSIDE STUDIO.				
Child's Name				

Date\_\_\_\_\_

CLASS FOR PUBLICITY, ADVERTISING, OR ANY OTHER PROMOTIONAL PURPOSES. I ALSO

UNDERSTAND THAT ELITE DANCE BY DAMIAN INC. IS NOT RESPONSIBLE FOR ANY

Parent Signature\_\_\_\_\_