

List ALL Allergies & Action to be taken if reaction occurs

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Please advise us of any medical conditions that may affect your child's participation (include physical, emotional, psychological) i.e. "separation issues" If you would like to schedule a private meeting instead, please send a confidential email to marianrothcramer@gmail.com

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### Agreement for Participation

I understand that classes at **Ms Marian's Dance Garden** may include, without limitation, dancing with props, stretching, barre work, mat work, across the floor combinations, dance routines in the center, performances, tours; working with musical instruments, (all Dance Classes); working with electrical equipment (Sewing Workshop; Dance Production Workshop); working with apparatuses (Pilates, Teeter, Acrobatic, Rhythmic Gymnastic) and other related activities.

I further understand that all of the activities of the classes involve some degree of risk of strain or bodily injury.

**Ms Marian's Dance Garden** is not responsible for personal property.

I understand that participant safety and respect are the most important expectations at **Ms Marian's Dance Garden** and I will report or intervene if I observe the contrary.

I hereby acknowledge that I have read the statements above and agree to participate accordingly.

Date: \_\_\_\_\_ Parent/Guardian Signature : \_\_\_\_\_

(Parent Guardian) Print Name \_\_\_\_\_

20-20-20

# Ms Marian's Dance Garden

## CONFIDENTIAL - Student Registration Form - CONFIDENTIAL

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Today's Date \_\_\_\_\_ Semester: FALL SPRING SUMMER

Student Name (First & Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian 1 Name \_\_\_\_\_

Cell #: \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_

Cell #: \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact #1 (Name & Phone & Relation to Student):

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Emergency Contact #2 (Name & Phone & Relation to Student):

Doctor/Phone \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Dentist/Phone \_\_\_\_\_