



## Important Information & Photo Release Form

### Studio Use Only

Class/Day/Time: \_\_\_\_\_

Tuition/Billing: \_\_\_\_\_

### Dancer Information:

Child 1: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
Child 2: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
Child 3: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
Child 4: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

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

Child 1: Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
Child 2: Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
Child 3: Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
Child 4: Age: \_\_\_\_\_ DOB: \_\_\_\_\_

### IMPORTANT - Keep Informed!

E-mail Address: \_\_\_\_\_ (Please PRINT Clearly)

### Parent/Guardian Information:

Mother/Guardian Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

### Medical Information:

(If completing form for more than one child please write child name with medical information)

Any special needs the instructor needs to know? \_\_\_\_\_

Any allergies the instructor needs to know? \_\_\_\_\_

Is your child taking any medications the instructor needs to be aware of? \_\_\_\_\_

### Emergency Information:

Parents/Guardians listed above will be contacted first in case of an emergency. Please list other contacts below.

Contact Name #1: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact Name #2: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please complete Liability & Photo Release on the back of this form.



**Release from Liability & Authorization**

I hereby release Denise Gucwa's School of Dance from any liability for any accident or injury occurring on or around the studio premises or at any function held at other locations in conjunction with the dance school. I declare the student(s) named below is in good health and can participate in the enrolled classes. Given the nature of dance classes and knowing that injuries may occur, I have taken the necessary steps to obtain health, accident, hospital and/or other insurance, which would cover any sustained injuries. In the event of an injury or emergency, if I am unable to be contacted, I give permission for Denise Gucwa's School of Dance to obtain medical services for this student.

**Name of Dancer(s):** \_\_\_\_\_

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

**Photo/Video Release**

I hereby give permission for images of my child, captured during regular and special dance activities through video, photo and digital camera to be used solely for the purposes of Denise Gucwa's School of Dance promotional material and publications, and waive any rights of compensation or ownership thereto.

**Name of Dancer(s):** \_\_\_\_\_

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