

Signup Date: _____

Student Information

Student's Name: _____ Date of Birth (MM/DD/YYYY):

Mailing Address:

City and Zip
code _____

Primary Phone: _____ Phone (2):

Name of Person responsible for paying fees:

Primary Email Address:

Legal Release and Policy Acceptance (please initial)

___ I/we have received the welcome packet ___ I/we understand my billing obligations
___ I/we understand the risks related to dance ___ I/we understand my responsibilities for my
property
___ I/we understand the dress code

Permission to Use Likeness/Name:

The undersigned further agree to allow, without compensation, Participant's likeness and/or name to appear, and to otherwise be used in material, regardless of media form, for promoting IDC.
___ I/we give media use rights permission

Health related questions:

Allergies:

Will your child require any special medical attention during a normal class: (yes/no)

If yes – Explain:

Innovation Dance Center of the Performing Arts

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If you would like to be added to the closed IDC Facebook page, please provide your name as listed on

Facebook: _____

Signature / Responsible Party

Date