Southern Enterprise School of Arts*A picture containing circle, black and white

Description automatically generated*  
Dancer/Student REGISTRATION FORM

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Today’s Date

Please Print Clearly

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STUDENT’S FIRSTNAME MIDDLE LASTNAME

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CITY STATE ZIP CODE

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CELL PHONE ALTERNATE PHONE

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AGE DATE OF BIRTH MALE FEMALE RACE (HISPANIC, WHITE, ASIAN, BLACK ...ETC)

I am interested in: \_\_\_\_\_ Interpretive Dance \_\_\_\_\_ Ballet \_\_\_\_\_ Photography Class

Parents First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parents Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PARENT EMAIL ADDRESS

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1ST Alternate Parent/Guardian: Please list name of other person who will be dropping off/picking up your child

1ST Alternate Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2ND Alternate Parent/Guardian: Please list name of other person who will be dropping off/picking up your child

1ST Alternate Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What school do you attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Southern Enterprise School of Arts*Assumption of Risk Waiver of Liability and Release Agreement

I do understand as a student that there may be inherent known and unknown risks (including, but not limited to physical injures, death, loss of services or consortium, loss of damage to property, or any other loss which may be sustained as a result of participating in any such activity).

I intend to be legally bound, do hereby, for myself my heirs, executor and administrators, waive, release, and forever discharge any and all rights and claims for damages, which I may have or which may hereafter accrue to them against Southern Enterprise School of Arts or their respective offices, agents, representatives, successors and/or assigns; for any and all damages which may be sustained or suffered by them in conjunction with their association with or participation in and/or rising out of their traveling to or returning from said Southern Enterprise School or Arts program activities and/or rehearsals to be participated in.

Also, by signing the release form below, I am agreeing to participate as a student, dancer with Southern Enterprise School of Arts, Inc. and by signing the statement below, I’m granting them permission to use my picture(s) according to the agreement below.

Release Agreement

Finally, I, (Parent’s Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give Southern Enterprise School of Arts, Inc. permission to use my child's pictures and pictures of me, any sound and video recordings of my voice, and electronic proceedings of my participation in any and all media including, but not limited to cable and broadcast television, talent agencies, the internet, in the exhibition, distribution, promotion, advertising, sale, publicizing performances, fashion shows on network television and at educational conferences and in brochures and other print media.

I further give Southern Enterprise School of Arts, Inc. use and license others to use the aforementioned.

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Parent/Guardian First Name (Student if 18yr over) Last Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Parent/Guardian/Student Signature

Witness (Southern Enterprise): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_