



*Silver Spring Dance
Summer 2019 Registration Form
Please complete one per dancer*

Agreements: (Please read and **initial** each)

I understand that full payment (cash or check only) for camps, samplers, and our 2019 summer session must be made the first day of the session in order for my dancer to be allowed to participate.

I understand that camps and samplers may be canceled due to lack of enrollment and I will receive at least 24 hours' notice if this is the case.

I understand that if my child registers for a camp, but does not attend, I am responsible for payment in full if I do not give SSDC at least 48 hours' notice.

I understand that teachers reserve the right to have prerequisites or instructor permission for certain classes.

I understand that classroom disruptions may signify that a child is not ready for dance class or enjoying class and these issues will be discussed with parents as needed.

I understand that at any time I can bring my questions or concerns to my dancer's teacher and/or studio director.

I understand that email contact is critical in order to receive continuous communication with the studio.

I (circle one) DO or DO NOT give permission for my dancer's photo or video images to be used on SSDC printed materials, advertisements, websites, etc.

By signing this form below, you relieve SSDC, any staff, students, volunteers, board members and affiliates from lawsuits. The studio carries general liability insurance and other insurances required by law.

We are aware that accidents, injuries and other mishaps can occur despite all safety precautions. For the most part, ice packs and rest will suffice until a parent can be notified. In the event of a sudden injury or illness in the studio or during a performance, a teacher may feel that emergency medical care is necessary. We reserve the right to seek emergency medical treatment on behalf of our dance students if we feel it is warranted. By signing this waiver, you are giving us permission to call for medical help in case of emergency.

Responsible Party's Printed Name: _____

Signature: _____ Date: _____

Preferred hospital (if needed): _____