

Lili Loveday
Creative Movement, Dance Education
20 Academy Street
Greenwich, NY 12834

CREATIVE BALLET AND MOVEMENT STUDIOS

Registration Form: Classes / Workshops taught by Lili Loveday

Today's Date: ___/___/___ Term: _____ Year: _____

Class / Workshop Location: _____

Please check one: New or Returning Student

Parent/s / Guardian/s: _____

Student's/s' Name/s: _____ Age: ___ Birth date: _____

_____ Age: ___ Birth date: _____

Class / Workshop Name or Time: _____

Student's Home Address/es: _____

Parent's E-Mail Address: _____

Home Phone Number/s: _____

Parents / Guardian's Work (Place and) Phone: _____

Why would you like your child(ren) to take this class / workshop?

+Medication/s and / or health conditions / restrictions of which the dance / movement instructor should be aware (e.g. asthma, diabetes, seizure condition, allergies, or inhaler, etc.)? _____

+If so, has your child's doctor/s, if necessary, approved a dance class / workshop for your child? Any suggestions or restrictions? _____

+In an emergency, we should call (your doctor): _____ Phone: _____

(a friend, neighbor, or relative): _____

Class/es Fee/s: \$ _____ \$ _____ Total: \$ _____

*Please complete the **Memo** section of your check with the student's/s' name/s.

Thanks! Amount paid: \$ _____ check ___ cash ___ Date: _____

Person completing this form: _____

Please send one brochure to: Name: _____

Address: _____

(over)

CREATIVE BALLET AND MOVEMENT STUDIOS

Please read the Assumption of Risk Agreement and Release form below, and sign it **prior** to participation.
Thank you!

Realizing and understanding that all reasonable precautions are being and will be taken to ensure the safety of the undersigned / undersigned's child/ren and or participants, the undersigned assumes all responsibility for all risk or damage or injury that may occur to the undersigned and / or the undersigned's / parent's / guardian's child or children as participant/s in or leader of any activity occurring under the auspices of Lillian T. Loveday or Lillian T. Lovedays dance / movement / theatre projects and / or Creative Ballet and Movement Studios (referred to in this Assumption of Risk Agreement and Release as LTL/CBMS) while attending activities, participating in activities or using LTL/CBMS equipment or facilities or following LTL/CBMS instructions in or out of an LTL/CBMS location. In consideration of being accepted as a student and/or participant and / or leader and / or teacher in or out of an LTL/CBMS location and / or being a parent or legal guardian of a student and / or participant at an LTL/CBMS location, the undersigned hereby releases and discharges LTL/CBMS and all its associated studios, schools, host organizations, sponsors, its and their owners, employees, and agents from all claims, demands, rights or causes of action present or future, whether known, anticipated or unanticipated; and resulting from or arising out of, or incident to, the undersigned's use of LTL/CBMS location or facilities or equipment or transportation or vehicles in such a place or as a result of, or incident to or engaging in LTL/CBMS activities or otherwise participating in LTL/CBMS activities anywhere.

I have read and understand and sign the foregoing Assumption of Risk Agreement and Release

SIGNATURE _____ this _____ day of _____ year: _____
ADDRESS (of signing parent/s / legal guardian's / adult participant) _____
Phone _____
Child / Participant's/s' Name/s: _____
Witness: _____ date _____

Photo Permission Form: Classes / Workshops taught by Lili Loveday

Student/participant Name: _____

I, _____, do hereby give Lili Loveday / Creative Ballet and Movement Studios the right to use my child's image relating to dance class and/or performance, including written copy that may be created in connection therewith for (please indicate yes or no for each):

_____ Dance class / performance press releases. These written press releases **may / may not** (circle one) include the child's name.

_____ On the DanceLili web site. Images on the web site will be displayed without name or personal information to protect student identities.

CONSENT:

I am the parent or guardian of the minor named above and have the legal authority to execute the above release.

NAME: _____
Please print
Address: _____
City: _____ State: _____ Zip Code: _____

SIGNATURE: _____ DATE: _____