

# PINX ACADEMY OF DANCE

## STUDENT INFORMATION - PLEASE PRINT

STUDENT NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

DAY PHONE: ( ) \_\_\_\_\_ EVENING PHONE: ( ) \_\_\_\_\_

CELLULAR: ( ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

## EMERGENCY CONTACT - OTHER THAN PARENT/GUARDIAN LISTED ABOVE

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_

CELL: ( ) \_\_\_\_\_

CELL: ( ) \_\_\_\_\_

HOW DID YOU FIND OUT ABOUT PINX ACADEMY OF DANCE?

\_\_\_\_\_

## MEDICAL INFORMATION

PHYSICIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

SPECIAL CONDITIONS AND/OR SPECIAL NEEDS:  
\_\_\_\_\_  
\_\_\_\_\_

## WAIVER/INJURY RELEASE & ADDITIONAL RELEASES

I hereby release and indemnify PINX ACADEMY OF DANCE and their staff of any and all liability, claims, and causes of actions arising out of or in any way connected with my child's/my participation in the classes offered by PINX ACADEMY OF DANCE. Further, I authorize PINX ACADEMY OF DANCE staff and faculty to seek emergency help and agree to allow any medical personnel the opportunity to treat an illness, injury, or any other medical condition. I agree to accept responsibility for any medical costs which may result from my child's/my participation.

I consent to my child's/my visual image to be used by PINX ACADEMY OF DANCE in general promotion of its programs.

I have read the releases and indemnification agreement and understand its meaning. Being fully aware of these risks, I hereby consent to my child's/my participation in the PINX ACADEMY OF DANCE program.

\_\_\_\_\_  
SIGNATURE OR PARENT/GUARDIAN SIGNATURE (IF UNDER 18 YEARS OF AGE)

\_\_\_\_\_  
DATE