

**C O L U M B I A   D A N C E   A C A D E M Y**  
**REGISTRATION FORM 2017-2018**

PLEASE FILL OUT THIS FORM COMPLETELY. THANK-YOU.

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
PARENTS NAMES: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: Mom: \_\_\_\_\_ Dad: \_\_\_\_\_ E-mail: \_\_\_\_\_

**REGISTERING FOR:**

CLASS \_\_\_\_\_ CLASS \_\_\_\_\_  
DAY \_\_\_\_\_ DAY \_\_\_\_\_  
TIME \_\_\_\_\_ TIME \_\_\_\_\_

\_\_\_\_\_ I am enclosing registration fee. (\$20.00 for one child, and \$10.00 per child for each additional child.)

\_\_\_\_\_ I would like email confirmation. (Please list email above.)

**Emergency Treatment Information**

To Whom It May Concern:

As parent and/or legal guardian of \_\_\_\_\_, a minor child, I herewith authorize treatment of said minor by a qualified and licensed medical doctor in the event of a medical emergency which in the opinion of the attending physician may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

**Name of parent or guardian:** \_\_\_\_\_

Family Physician or child's Pediatrician: \_\_\_\_\_

Phone - office: \_\_\_\_\_ exchange: \_\_\_\_\_

**Specific Medical Information** - - allergies, chronic illnesses, other medical conditions or information:

**Other contact in case of emergency:**

Name: \_\_\_\_\_

Phone - home: \_\_\_\_\_ office: \_\_\_\_\_

Relationship to minor child \_\_\_\_\_

This release is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. It shall remain in effect until revoked by me in writing.

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

Parent or Guardian

**Assumption of Risk and Liability**

My child, \_\_\_\_\_ has my permission to take part in dance, tumbling and/or Acrobatic Gymnastics classes given by Jeanne Szkolka, or any teacher or assistant of Jeanne Szkolka's. I am fully aware that injury can occur in an activity that creates unusual height and motion. Knowing this, I assume all responsibility for any injury, however great, which may occur to me or my child during practices, classes, exhibitions or competitions. I also release the Columbia Dance Academy, Jeanne Szkolka, assistants and assigns from any loss, including legal fees and awards for damages from any legal action on behalf of myself or child as a result of any injury or loss, however great, during the travel to or from any of the above events. With this I also certify that any medical expenses, should an injury occur, is covered by my insurance policy, which shall be in effect during the entire time my child is enrolled in the above activities given and/or supervised by Jeanne Szkolka, her assistants or assigns.

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

Parent or Guardian

