Above the Barre

Alexandria, Virginia
www.AbovetheBarreVA.com

2016-17 Master Class Registration Form

ONE FORM PER STUDENT

Student's Information

Name Age

Address

Street City, State, Zip

School/Grade

School Grade

Current Dance School

School Teacher

Previous Dance Experience (no. of years and types of dance studied)

Emergency Contact

Name Phone

Return of this form (2 pages) with registration fee by **Tuesday, November 1, 2016** by email to a*bovethebarreva@gmail.com* or by mail to *8504 Fort Hunt Road, Alexandria, VA 22308*. Registration is payable by check, cash, or credit card. To pay by credit card or if you have questions, please call 703-980-1219.

☐ $30 Current Above the Barre Student

☐ $35 General Enrollment

Cash ☐ Check ☐ Credit Card ☐

Consent and Release

Medical Release

I, (WE) THE UNDERSIGNED, PARENT/GUARDIAN OF (STUDENT'S NAME)_____, HEREBY AGREE THAT **ABOVE THE BARRE, LLC** AND IT'S FACILITATORS, WILL NOT BE LIABLE FOR ANY INJURIES TO PERSONS, WHICH MIGHT BE SUSTAINED BY STUDENTS, THEIR FAMILIES, GUESTS, OR OTHERS, IN OUR FACILITY OR IN SPONSORED ACTIVITIES WHICH MAY OCCUR OUTSIDE. ALL PERSONS ASSUME RISKS INCIDENT TO ACTIVITIES OF THIS STUDIO.

I (we) the undersigned, also grant **Above the Barre, LLC** staff the right to render judgment concerning medical assistance in the event of an injury or illness during my absence. I agree to the conditions set forth herein which I have read and understand.

Print Name of Parent/Guardian | Signature of Parent/Guardian | Date

Insurance Company | Policy Holder | Policy Number

Emergency Contact | Phone | Relationship to Student

Photograph/Digital Image Publication Consent

I (we), the undersigned parent/guardian of (child's name)_____hereby grant permission to **Above the Barre, LLC** and its representatives, to use: photographs and/or digital images of my child for use in news releases and/or educational materials as follows: printed publications or materials, electronic publications, or web sites. I agree that my child's name and identity: may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, and digital reproductions shall be the property of Above the Barre, LLC, unless otherwise made available for purchase.

Print Name of Parent/Guardian | Signature of Parent/Guardian | Date

Student and Parent/Guardian understand and agree that no monetary consideration shall be paid, consent and release have been given without coercion or duress, this agreement is binding upon heirs and/or future legal representatives, and the photographs may be used in subsequent years. If the Student and/or Parent/Guardian wish to rescind this agreement, they may do so at any time with written notice.

ONLY COMPLETE THE FOLLOWING IF YOU DO NOT CONSENT TO THE ABOVE PHOTO/DIGITAL PUBLICATION AGREEMENT

I (we), the undersigned parent/guardian of (child's name)_____DO NOT consent to the above photograph/digital image agreement.

Print Name of Parent/Guardian | Signature of Parent/Guardian | Date

*Any photographs or digital images in which the subjects cannot be identified by the naked eye (i.e. wide shots of the stage containing the entire cast of the Recital) will be published at the discretion of Above the Barre, LLC.