

Shely Pack Dancers Registration Form

Parent Name (Billing Name) _____

Email Address (please write clearly) _____

Mailing Address _____

City _____ Zip Code _____

Home Phone _____ Cell _____

Emergency Contact _____ Phone _____

Student's full name _____ Sex _____

Birth date _____ School _____ Grade _____

Allergies or Medical Conditions _____

Dr's name and phone _____

Classes _____	Day _____	Time _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Registration Fee \$85.00

TUITION _____

TOTAL _____

I am aware that tuition payments are due in full the FIRST CLASS DAY of each month. If paid after the 10th of each month, I will be responsible for the full tuition charge as stated in the tuition schedule and a \$25.00 late fee. I also understand that absolutely no pro-rating of tuition will be made. Make-up classes are available for missed classes.

Waiver of Liability/Photograph Consent Form

I, the undersigned parent or guardian do hereby agree to allow the individual(s) named herein to participate in the aforementioned activity(ies) and I further agree on behalf of myself and my minor child/ward to release, indemnify and defend, and hold The Shely Pack Dancers Studio LLC, its agents, employees, independent contractors, and volunteers, harmless from, and against any and all liability for any injury which may be suffered arising out of, or in anyway connected with participation by the aforementioned individual(s) in this activity/program.

I understand the hazards of Covid-19 and am familiar with the Center of Disease Control and Prevention guidelines . I acknowledge and understand that the circumstances regarding Covid-19 are changing from day to day and accordingly, the CDC guidelines are regularly modified and updated and I accept full responsibility for familiarizing myself with the most recent updates. I shall indemnify, defend and hold harmless The Shely Pack Dancers Studio LLC from and against any and all claims, arising from or relating to, directly or indirectly the infection of Covid-19.

I, on behalf of my minor child/ward, agree to participate in this activity knowing that it may involve risk of serious injury, and that accidents may occasionally occur during this activity, and thus assume any and all such associated risks. This waiver, release, and assumption of risk discharges the Shely Pack Dancers, its agents, employees, independent contractors, and volunteers from any and all liability arising out of, or connected in any way with, participation in this activity by the individual(s) named herein, even though that liability might arise out of negligence or carelessness on the part of The Shely Pack Dancers

Studio LLC its agents, employees, independent contractors, and/or volunteers.

This waiver, release and assumption of risk binds my heirs and assigns, and those of the aforementioned individual(s).

The Shely Pack Dancers or its authorized agents may photograph and/or videotape participants in Shely Pack Dancers sponsored recreation activities. I hereby acknowledge and consent to the Shely Pack Dancer's use of the aforementioned individual(s)' name, voice, photograph, video, and/or likeness in the Shely Pack Dancers website, Shely Pack Dancers advertising, and any promotional material uses related to the Shely Pack Dancers.

Parent Signature _____ Date _____