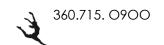
dancing for joy 4073 Hannegan Road, Suite F

Bellingham, WA 98226

registration form



student name (last)	(first)	date of birth _	/ / age
student name (last)	(first)	date of birth	
student name (last)	_ 、 /	date of birth	
parent/ guardian name (last)		(first)	
mailing address	(city)_	(state)	(Zip)
phone # (cell)	(home/ of	her)	
email	-	ke to receive Dancing For Jo	•
emergency contact (name/relationship)_		Phon	ıe#
Agreem In consideration of being permitted to participate in dan behalf of myself or a minor child or ward, heir, next of kin To the best of my knowledge, my minor child is in good ping in activities related to the dance classes. If I am the paggravated by participating in activities related to the days.	nce lessons, instruction, or personal repressions, or personal repressions, or personal repressions are condition a participant, I am in g	entative, I acknowledge, understand nd has no disease or injury that wou	d and declare as follows. Ild be aggravated by participat-
Participating in dance classes may involve RISK OF INJUR bones and severe injuries such as paralysis or even death injury from participating in such activities. I ASSUME ALL FINDEMNIFY AND COVENANT NOT TO SUE Dancing For Joy CLUDING DEATH, LOSS OR DAMAGE TO PERSON OR PROPRESSOCIATED With dance lessons or performances, including	ey, including, but no n. I am fully aware o RISKS ASSOCIATED W y, L.L.C. and its man PERTY in connection	If the inherent risks involved in dance VITH DANCE ACTIVITIES AND WAIVE, I agers and members FROM ANY ANI In with participation in dance lessons	e activities and the possibility of DISCHARGE, HOLD HARMLESS, D ALL LIABILITY FOR INJURY, IN- s or performances or any activity
I specifically acknowledge that Dancing For Joy, L.L.C. st scheduled times for any Dancing For Joy, L.L.C. activity, agree that this Release, Waiver and Indemnity Agreeme ington, and if any portion of the Agreement is held to be and effect.	whether from being nt is intended to be	dropped off early, picked up late of as broad and inclusive as permitted	or any other reason. I expressly d by the laws of the State of Wash
I fully understand that the members of the staff of Dancir I hereby authorize Dancing For Joy, L.L.C. to render first ambulance for which I will be financially responsible, or trinsurance for myself or my child or guarantee payment activities with Dancing For Joy, L.L.C.	aid to me or my child o arrange other trai	d in the event of injury or illness, and nsportation of a sick or injured partic	if deemed necessary, to call an cipant. I agree to provide health
Dancing For Joy, L.L.C. reserves the right to refuse service disrespect and hindering the learning of others.	e for any reason, inc	luding but not limited to, slander, loi	itering, safety non-compliance,
I ACKNOWLEDGE THAT I HAVE READ THIS FORM IN ITS ENTI HAVE SIGNED THIS AGREEMENT, RELEASE AND WAIVER OF			URTHER ACKNOWLEDGE THAT I
	photo/ video		
I grant to Dancing For Joy the right to take photographs Dancing For Joy, L.L.C., to use and publish images in prin without my child's name or my own and for any lawful pritions and Web content.	t and/or electronic	ally. Dancing For Joy may use photo	ographs and/ or videos with or
I waive any right to compensation or ownership thereto. fully understand that I must submit this request in writing v stance, in order for myself or my child to participate in Do fuse such requests and participation in Dance Activities.	with this registration,	a typed and signed document outl	lining the reasons for these circum
student signature(parent or guardian signature i	Mahada aha ah isa ara	date	
(parent or guardian signature i	ıı student is under 18	s years or age)	
DFJ Office Use Only: New Registration	Drop-In	Free Try-It Day Camp	Bring A Friend Week