



Re-Enrollment Registration Form

Account Name (s) *Last:* *,First:*

Address

State: MO Zip:

Phone 1 Phone 2

Email / Login

Emergency Contact (other than parents) Contact Phone :

First Year with Villa West:

Student Information

First Name Birth Date: / /

Last Name Age: Grade:

Medical Conditions, Allergies, etc.

Classes

Day	Time	Class Name		Tuition

Registration Fee:

Multi class discount

Total Tuition:

Guardian Signature: _____ Date: _____

Villa West Dance & Acrobatics, LLC

Hold Harmless Agreement/Waiver & Privacy Policy

Release of Liability

I (we) despite all reasonable precautions implemented for safety, am (are) fully aware of and appreciate that severe injuries, including permanent paralysis or even death, as well as other damages and losses associated with participation in the programs or activities at Villa West Dance and Acrobatics, LLC can occur, those activities including, but not limited to, gymnastics, tumbling, dance and exercise. I (we) knowingly and willingly assume all such risks. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all Villa West Dance and Acrobatics, LLC programs. In consideration for my child(ren)s participation, I (we) hereby for myself and my child(ren) and our respective heirs, executors and administrators, COVENANT NOT TO SUE and FOREVER RELEASE Villa West Dance and Acrobatics, LLC, the owners, operators, directors, officers, employees and other members of Villa West Dance and Acrobatics, LLC, from personal injury or accident or any sort or nature suffered by me (us)(him/her), the undersigned, by reason of participation or membership in classes lessons or any programs or activities of Villa West Dance and Acrobatics, LLC including those resulting from acts of negligence. I also assume all medical expenses for the aforementioned child or myself, who may be the result of any injuries sustained while training at, or performing for Villa West Dance & Acrobatics, LLC. Further, it is affirmed that sufficient insurance covering all such injuries and damages shall be in full force and effect throughout the program or its equivalent throughout the child's/parent's dance & acrobatics program participation.

_____ I've read the above and agree.

Medical Emergency

In any event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold Villa West Dance and Acrobatics, LLC and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by me or my child(ren) as a result of any injury sustained while participating at or for Villa West Dance and Acrobatics, LLC.

I, the minor's parent or legal guardian, understand the nature of the activities my child will be involved in at Villa West Dance and Acrobatics, LLC, and the minor's experience and capabilities, and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activities. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of release's from all liability claims, demands, losses, or damages on the minor's account cause of alleged to be cause, in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations. I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf make a claim against any of the releases named above, I will indemnify, save and hold harmless each of the releases from any litigation expenses, attorney fees, loss liability, damage, or any cost that may occur as the result of any such claim.

_____ I've read the above and agree.

I am aware that my child may be photographed while participating in class/performance activities by the studio designated professional photographer/videographer for the purpose of education and/or advertisement of Villa West Dance & Acrobatic lessons. I understand the safety of my child is the first priority and agree that Villa West will only use photographs/video for the purpose above. I may opt out of having my Childs photography taken by written notice at any time.

I am fully aware and understand the costs/fees associated with my Childs enrollment and therefore are financially responsible for payment of all costs/fees in a timely manner.

I have been made aware of the Villa West Dance & Acrobatics, LLC PRIVACY POLICY and understand that my registration information is for business purposes only and will not be shared with any other parties.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY/MEDICAL AUTHORIZITON and I VOLUNTAIRILY affix my name in agreement.

_____ Signature

_____ Date

_____ Name

_____ Relation to Minor