



Pound Registration Form (November 2020)

Please print clearly and fill out completely. *One form per dancer please.*

Students' Name: _____

Age: _____

Birthdate (mm/day/yr): _____

Any meds or allergies instructor should be aware of

(please note these forms are private and are only shared with the instructor in case of an emergency):

Parent/ Guardian Name _____ phone number _____

Address _____

Current e-mail _____

Medical Authorization, risk notification, liability waiver and photography policy

Emergency Contact: _____ Home # _____ Cell # _____

Family Physician/ clinic _____ Phone # _____

In case of illness or injury and a parent cannot be reached, the staff of Shuffles Studio of Dance, LLC may authorize medical treatment for the above-named student. I understand that because dance & tumbling involves motion, there is a risk of injury. I and my heirs hereby release Shuffles Studio of Dance, LLC and its employees, instructors and owners from any liability for damages and/or injury or medical expenses which might occur as a result of my child's participation. My child has no problems that might compromise his/her safe involvement. Shuffles Studio of Dance, LLC may use photos of participants for promotional purposes. By registering for one of our programs, you have granted permission to use your child's photograph for promotional purposes unless otherwise noted.

Guardian Signature _____ date _____

Please fill out all forms completely and mail or e-mail to the studio by Oct. 31st *:**

Shuffles Studio of Dance, LLC

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Shawano, WI 54166

715-526-3066

shufflesstudioofdance@yahoo.com

www.danceshuffles.com

****Please note the studio is not open when classes are not in session. Please mail or e-mail.*