

# ★ SUZETTE`S MASTERS OF DANCE ★

14275 Rick Dr. | Shelby Township | 48315 | 586.731.5454 | www.suzettesdance.com

2021-2022 NEW STUDENT \_\_\_\_\_ RETURNING STUDENT \_\_\_\_\_

STUDENT NAME

PARENT'S NAME

ADDRESS

CITY

ZIP CODE

EMAIL ADDRESS (REQUIRED)

PARENT/GUARDIAN CELL ( )

PARENT/GUARDIAN #2 CELL ( )

STUDENT #1 NAME

D.O.B

AGE

SEX M F

CLASS

DAY

TIME

**\$25 REGISTRATION FEE PER FAMILY, \$15 PER INDIVIDUALS. REGISTRATION FEE IS DUE UPON REGISTRATION. STUDENTS WILL NOT BE ENROLLED IN CLASSES UNTIL REGISTRATION FEE IS PAID FOR IN FULL.**

I HAVE READ, UNDERSTAND AND AGREE TO ALL OF THE PREVIOUS LISTED INFORMATION AND POLICIES OF SUZETTE`S MASTERS OF DANCE-SIGNATURE REQUIRED

SIGNATURE

DATE

**RELEASE OF LIABILITY-SIGNATURE REQUIRED**

As the legal parent or guardian, I release and hold Suzettes Masters of Dance and its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of SMD and its owners and operators or in route to or from any of said premises. I also allow SMD to use photos and or videos for any advertising or publications. I have read and agree to follow Suzettes Masters of Dance Policies.

PARENT/GUARDIAN SIGNATURE	DATE
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In the event of a serious accident or illness, I request that a representative of the dance studio contact me. If I cannot be reached, I request that contact is made with the physician named and their instructions be followed in the treatment of my child. If the emergency is such that immediate medical care is necessary, I authorize the dance studio to transport my child to the hospital for emergency care. The hospital agents, or a licensed physician, may administer such emergency treatment as they deem necessary under the circumstances.

PARENT/GUARDIAN SIGNATURE	DATE
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I do not give my consent for emergency medical treatment of my child. In the event of serious illness or injury requiring emergency treatment, I wish the dance studio to take no action or to: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE	DATE
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I am fully aware of the existence of the risk on my physical appearance at Suzette’s Masters of Dance and my participation of activity in dance classes within Suzette’s Masters of Dance that may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19 or any communicable disease within the last 14 days. I have not, nor any member(s) of my household, traveled by sea or by air, internationally within the past 14 days. I did not, nor any member of my household, visit any area within the United States that was reported to be highly affected by COVID-19, in the last 14 days. I have not been, nor any member(s) of my household, diagnosed to be infected of COVID-19 within the last 14 days. I am fully and personally responsible for my own safety and actions while and during my participation and I recognize that I may in any case be at risk of contracting COVID-19. With full knowledge of the risks involved, I hereby release, waive, discharge Suzette’s Masters of Dance, its owners, representatives and all employees from any and all liabilities, claims, demands, actions and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19. I agree to indemnify, defend and hold harmless Suzette’s Masters of Dance from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss or death from or related to COVID-19.

**FOR OFFICE USE ONLY:**

DATE REGISTERED AND PAID		PAYMENT TAKEN BY	
TUITION AMOUNT \$		REGISTRATION FEE \$	
TOTAL AMOUNT PAID \$			
TYPE OF PAYMENT	CASH	CHECK #	CREDIT



# EMERGENCY CONTACT SHEET



PARENT'S NAME

STUDENT NAME

BIRTHDATE

AGE

SEX M F

ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS

HOME PHONE ( )

CELL PHONE/WORK ( )

## PLEASE LIST TWO EMERGENCY CONTACTS (OTHER THAN PARENTS)

NAME

PHONE

RELATION

NAME

PHONE

RELATION

## MEDICAL INFORMATION

FAMILY DOCTOR

PHONE

MEDICATION TAKEN REGULARLY

LIST ANY ALLERGIES

DOES THE CHILD HAVE ASTHMA? Y N

INHALER TYPE

LIST PREVIOUS INJURIES THAT COULD BE OF CONCERN IN AN EMERGENCY