



**Stop the Violence Dance Alliance Registration Form 2015**

*Please fill out as much of the requested information below as possible*

**YOUR PREFERRED CONTACT INFO:**

Full Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Sex: MALE / FEMALE  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Name of School: \_\_\_\_\_  
Grade: \_\_\_\_\_

Mailing address:

\_\_\_\_\_  
City, State, Zip:

\_\_\_\_\_  
E-mail address 1: \_\_\_\_\_  
E-mail address 2: \_\_\_\_\_  
Facebook: \_\_\_\_\_  
Twitter: \_\_\_\_\_

**EMERGENCY CONTACT:**

Name:

\_\_\_\_\_  
Parent or Guardian Info (if Under 18):

\_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone

\_\_\_\_\_  
Relationship:

\_\_\_\_\_  
Doctor Name and Phone (if Applicable):

**Ethnic Origin:**

African American	[ ]	Asian/Pacific Islander	[ ]
Caucasian	[ ]	Native Indian/American	[ ]
Latino/Hispanic	[ ]	East Indian	[ ]
Bi-racial	[ ]	West Indian	[ ]



## Release Form

Date: \_\_\_\_\_

Student name: \_\_\_\_\_

**VERY IMPORTANT:** If the student has a medical condition of which we need to be aware, such as allergies, daily medications, disabilities etc., please indicate this in the space provided below:

\_\_\_\_\_

I \_\_\_\_\_ (**the student**) expressly assume the risk of participating in Garth Fagan Dance school classes and performances and on behalf of me and my heirs, executors and assigns, I release and agree to indemnify and hold harmless Garth Fagan Dance and its officers, agents, and staff from any and all claims, demands, causes of action, suits, losses, or damages resulting from or arising out of my participation in Garth Fagan Dance school classes and performances, including without limitation all claims, demands, causes of action, suits, losses, or damages due to my injury or death during my participation in the classes and performances. Garth Fagan Dance may use or reproduce any written materials submitted by the students and all photographs or videos taken of the Garth Fagan Dance students, without mutual agreement or compensation. Images may be reproduced for publicity or advertising by Garth Fagan Dance or its agents.

**Signature of Student (18 years or older):**

\_\_\_\_\_

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### PARENTAL AGREEMENT

I give consent for my child \_\_\_\_\_ to take part in all Garth Fagan Dance school classes, as well as in performances outside of Garth Fagan Dance property under proper supervision and on behalf of my child and my heirs, executors and assigns, I release and agree to indemnify and hold harmless Garth Fagan Dance and its officers, agents, and staff from any and all claims, demands, causes of action, suits, losses, or damages resulting from or arising out of my child's participation in Garth Fagan Dance school classes and performances, including without limitation all claims, demands, causes of action, suits, losses, or damages due to my child's injury or death during his/her participation in the classes and performances. I have provided the staff with any pertinent information regarding the health of my child including but not limited to allergies, previous or existing illnesses or condition, long term medications, disability or limiting conditions or emotional, development, or behavioral challenges. I agree to notify Garth Fagan Dance School immediately of any change of address, telephone numbers, place of employment, emergency contact, etc. I understand that by not providing the above information, I may put my child's health and safety at risk. Garth Fagan Dance may use or reproduce any written material submitted by the students and all photographs or videos taken of the Garth Fagan Dance students, without mutual agreement or compensation. Images may be reproduced for publicity or advertising by Garth Fagan Dance or its agents.

**Signature of  
Parent/Guardian:** \_\_\_\_\_