



Website: www.viviesdancefactory.com Email: info@viviesdancefactory.com

Tel: 0246835000 / 0268234396

Studio name

REGISTRATION FORM

Fees must be paid within the week of registration.

STUDENT INFORMATION

Student's Name: _____

Date of Birth (DD/MM/ YYYY): _____ Age: _____

Please fill the table below if registering other child(ren)

Name of Student	DOB (DD/MM/YYYY)	AGE

Primary Phone: _____ (please write a number where we can best reach you in case of any emergency.) Other: _____

Name of Parent(s)/Guardian: _____

Name of school: _____ Class _____

Any dance experience: Yes No

If yes please specify _____

How did you hear about us? Online School poster/handbill word of mouth

Other, please specify _____

House Address: _____

Email Address: _____

Choice of dance(s) applying _____

Ballet, Hip Hop, Traditional African Dance, Acrodance, Salsa and Musical Theatre

Tuition: - Ghc450.00 per Term.

WAIVER FOR CLASSES

Medical

Allergies/ medical conditions: Are there any we should know about the participant?

If yes - Explain:

Consent for medical treatment

Permission of a parent or legal guardian must be obtained before medical treatment of any kind can be rendered to participants. This consent form must be signed by a parent/legal guardian as evidence of your consent for treatment of the participant. In the event that you, as parent/legal guardian, do not want treatment rendered under any circumstances, your signature, evidencing refusal of treatment is required below.

I grant permission to Vivie's Dance Factory and staff and/or its third party designees to administer first aid care as may be necessary for my son/daughter.

(Signed) _____ (Relationship) _____ (Date) _____

I refuse permission to Vivie's Dance Factory and staff and/or third party designees to administer first aid care as may be necessary for my son/daughter.

(Signed) _____ (Relationship) _____

(Participant's Name) _____ (Date) _____

Indemnification Statement

I, (parent/legal guardian) _____ in full recognition and appreciation of exposures involved do hereby voluntarily agree to assume all risks and responsibilities involving my child's participation in Vivie's Dance Factory. I do for myself, and representative(s) hereby defend, hold harmless, indemnify and discharge Vivie's Dance Factory and volunteers from and against any and all claims, demands, and actions (Including social media use rights) which may result from my child's participation in Vivie's Dance Factory. **Please let us know if you are not comfortable with still or motion pictures of your ward on Social media. You may give your consent below.**

I have read and executed this document with full knowledge of its significance.

(Signed) _____ (Relationship) _____ (Date) _____