

# **HAPPENDANCE ADULT ENROLLMENT FORM**

Date \_\_\_\_\_

DANCER'S NAME: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last, First

## ***CONTACT INFORMATION***

Home Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Contact #: \_\_\_\_\_

Email: \_\_\_\_\_

## ***EMERGENCY INFORMATION***

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

**DANCER'S MEDICAL INFORMATION** Although Happendance does not assume responsibility for dancers' medical well-being, we endeavor to provide a safe and healthy environment and learning experience for every dancer. If there is any medical or health information about this dancer that will help us in this regard, please provide it here

Physician's Name \_\_\_\_\_ Telephone \_\_\_\_\_

## **ALL PERSONS WITH LEGAL RESPONSIBILITY FOR THIS DANCER SHOULD SIGN AND DATE THE FOLLOWING:**

All the information on this application is completed accurately. I know that complete and accurate information is necessary to best serve the dancer. I understand that it is my responsibility to notify Happendance of any changes in the employment, residence, phone numbers and emergency information on this form

I assume responsibility for the full payment of this dancer's tuition and for the fees and costs of any Happendance activity to which I have consented. I understand that payment must be timely, that there will be a \_\_5%\_ late fee assessed for any payment that is not received within 14 days of the date it is due, and that this dancer may be denied re-enrollment if payment is delinquent.

I understand that there is the potential for accidents, personal injury, death, and/or property damage to occur during physical activity. To the full extent permitted by law I knowingly and willingly assume full responsibility for any and all risks associated with this dancer's participation in Happendance activities and fully release Happendance and its officers, agents, employees and volunteers from any and all liability or claims arising out of this dancer's participation in Happendance activities.

I authorize Happendance to seek medical treatment for this dancer in the event of an emergency, including transportation by ambulance to the nearest hospital. *I (we) understand that I (we) am (are) solely responsible for any medical expenses including ambulance transportation, which this dancer may incur from any injuries.*

From time to time news media may feature information about Happendance performances and activities. In addition, Happendance has a web site that promotes its educational and artistic programs. I agree to this dancer's participation in these activities, including the possible use of the dancer's image through these sources. (Happendance will not affirmatively identify a dancer in any photograph or video without the permission of the adult legally responsible for the dancer.)

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**Complete Signature\***

**How did you hear about Happendance?** \_\_\_\_\_

**VOLUNTEER INFORMATION** *Happendance is a non-profit organization and occasionally request volunteers to help with gaming events, sewing, ushering, etc.* **Would you like to be on our volunteer list?** \_\_\_\_\_