

HAPPENDANCE SCHOOL ENROLLMENT FORM

Date _____

1. **DANCER'S NAME:** _____

Last, First

Date of Birth ____/____/____ Grade 2015-16 _____

2. **DANCER'S NAME:** _____

Last, First

Date of Birth ____/____/____ Grade 2015-16 _____

Parent or Guardian Name: _____

Dancer's Home Address: _____

City _____ State _____ Zip Code _____

TELEPHONE CONTACT INFORMATION

Primary Emergency Contact #: _____

Secondary Emergency Contact #: _____

E-MAIL ADDRESS INFORMATION

Parent or Guardian Email: _____

Dancer Email: _____

PARENT/GUARDIAN INFORMATION

Mother's Name: _____

Custodial Parent: _____ Yes _____ No _____ Shared Custody

Father's Name: _____

Custodial Parent: _____ Yes _____ No _____ Shared Custody

Guardian Name(s): _____

CONTACT/EMPLOYMENT INFORMATION

Mother's Employer _____ Telephone (____) _____

Father's Employer _____ Telephone (____) _____

EMERGENCY INFORMATION *If parents cannot be reached, in case of emergency, notify:*

Name _____ Relationship to Child _____

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 _____

DROP OFF AND PICK UP INFORMATION Happendance does not assume any responsibility for dancers' transportation to and from classes and Happendance events, including the individuals with whom the dancer leaves Happendance premises and events, but will attempt to assist in carrying out the wishes of the adult legally responsible for a minor dancer. To this end, please indicate if your minor dancer may **ONLY** leave the facility with designated individuals, and their names, or, the names of individuals who are **NOT** allowed to transport your dancer:

Only these individuals are allowed to transport this dancer:

These individuals are NOT permitted to transport this dancer:

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.

If only one adult initials this portion of the contract, that adult assumes primary and full responsibility for financial obligations to Happendance incurred by this dancer's enrollment and/or activity participation.

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.)

Complete Signature Relationship to Dancer _____

Complete Signature* Relationship to Dancer _____

How did you hear about Happendance? _____

Do you also have students enrolled at String Connections Music School? _____

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?** _____