

# EmiArteFlamenco

3022 Cielo Court  
Suite C  
Santa Fe, NM 87507  
[www.EmiArteFlamenco.com](http://www.EmiArteFlamenco.com)  
505-660-9122

SEASON: \_\_\_\_\_  
SIGNUP DATE: \_\_\_\_\_

## STUDENT INFORMATION / REGISTRATION FORM

**Student's Name:**

\_\_\_\_\_  
**(MM/DD/YYYY):** \_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_

Primary Phone: \_\_\_\_\_

Phone (2): \_\_\_\_\_

Name of Person responsible for paying fees: \_\_\_\_\_  
\_\_\_\_\_

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

Primary Billing Phone: \_\_\_\_\_

Legal Release and Policy Acceptance (please initial):

\_\_\_\_ I/we understand my billing obligations;

\_\_\_\_ I/we understand the risks related to dance;

\_\_\_\_ I/we understand my responsibilities for my property;

\_\_\_\_ I/we understand dress code;

\_\_\_\_ I/we understand the schedule;

\_\_\_\_I/we give media use rights permission;  
\_\_\_\_I/we understand the attendance policy.

My signature below releases EmiArteFlamenco Academy, its officers, directors, staff, employees, and independent contractors, volunteer helpers, and landlords from any and all liability that may result from myself, my children, or any member of my family participating in dance lessons, exercise classes, rehearsals, parties, private lessons, performances, field trips, or any function sponsored by EmiArteFlamenco Academy.

I agree to hold EmiArteFlamenco Academy, its officers, directors, staff, employees and independent contractors, volunteer helpers, and landlords 100% harmless for any and all injury that may result from my dancer, myself, or any member of my family participating in the activities listed above. Our participation is completely voluntary.

I have listed any special medical problems that I have or my child receiving dance lessons has below. Our family doctor approves of our participation in the above listed activities in spite of these medical problems.

My signature verifies that I have read this waiver and agree and accept its contents.

\_\_\_\_\_  
Signature /Responsible Party

\_\_\_\_\_  
Date

Classes:

Class name \_\_\_\_\_ Tuition: (Monthly/Semester) \_\_\_\_\_

Medical: \_\_\_\_\_

Allergies: \_\_\_\_\_

Will your child require special medical attention during a normal class: (yes/no) \_\_\_\_\_

If yes, please explain: \_\_\_\_\_