

PHYSICIAN PREFERENCE _____

ANY HEALTH OR PHYSICAL RESTRICTIONS _____

IF NEW STUDENT, ANY PREVIOUS TRAINING? _____

PERSON RESPONSIBLE FOR ACCOUNT _____

WAIVER OF LIABILITY

I, the undersigned parent or legal guardian of the dancer listed on the previous page, do hereby give permission for the aforementioned dancer to participate in any and all classes, programs, shows and events offered by or attended by Paulyn's Dance Studio Inc. I accept all risks associated with that participation and understand that there is full possibility of physical illness or injury. I hereby covenant not to sue and waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against Paulyn's and its officers, owners, directors, employees and/or other assigned representatives or volunteers from any and all liability and for any and all damages and/or injuries which may be sustained or suffered by the dancer listed before while participating at Paulyn's. Furthermore, I hereby give my permission to Paulyn's to use photographs and/or videos of the dancer listed before as deemed appropriate for the promotion of Paulyn's.

INSURANCE & PERMISSION FOR TREATMENT

My signature below indicates my certification that I have medical insurance on the dancer listed before and will maintain medical coverage while he/she dances at Paulyn's. I also authorize Paulyn's and its owners, employees, directors, etc. to use standard first aid procedures on the dancer listed before and to consent any other medical procedure that is deemed necessary in the case of an emergency. Furthermore, I certify that I personally and/or my medical insurance carrier will be responsible for all expenses which are incurred in relation to any injury sustained during any Paulyn's related activity including but not limited to a Paulyn's class, competition, show, etc.

PAULYN'S RULES AND REGULATIONS

My signature below also indicates that I have read, understand and will abide by all general rules and regulations that are set forth by Paulyn's Dance Studio Inc. and its owners, employees and directors and any additional rules or requirements as set forth throughout the year.

PARENT'S SIGNATURE _____

DATE _____

DAYS AND TIMES THAT WILL NOT WORK FOR YOU (We will try our best to accommodate your requests) _____

ALL REGISTERED STUDENTS WILL RECEIVE A PAULYN'S T-SHIRT.

PLEASE MARK THE SIZE YOU WOULD LIKE!

XSC(2-4) SC(6-8) MC(10-12) LC1(14-16) XLC(18-20) SA MA LA XLA

OFFICE USE ONLY!! Date Registered: _____ Payment Type: _____ Check _____ Cash _____

Paulyn's Dance Studio Inc. 300 Norfolk Ave Norfolk NE 68701 402-371-0718

Main Street Wisner & West Point NE & 319 Main Street Neligh NE