

*elite* Dance Studio

**Medical and Registration Form**

*elite* Dance Studio 701 Osuna Rd NE, Suite 1200, Albuquerque NM 87113 505-344-8299 www.elitenm.net

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip \_\_\_\_\_ PHONE: \_\_\_\_\_

Email Address: \_\_\_\_\_ Where did you hear about *elite* Dance Studio? \_\_\_\_\_

List all classes student is to be enrolled in (day of week, time, class name) or list as unlimited or Company:

\*\* \_\_\_\_\_

**Emergency Contact Information:**

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact other than parents: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any medications taken regularly: \_\_\_\_\_

Please list any other Medical Information that we should be aware of: \_\_\_\_\_

\_\_\_\_\_

**Attention\*\*\* This is a general release – Read it carefully before signing \*\*\*Attention**

I, the undersigned, hereby release *elite* Dance Studio, including instructors, coaches and assistants from any and all injuries and causes of action which I may sustain while training, practicing, performing, or during any event, competition or activity.

I, the undersigned, agree that I am responsible for my own health and accident insurance, and any medical costs incurred due to an injury. I give my permission for the public display of any studio pictures that I may be in. I have thoroughly read, understand and agree to the *elite* Dance Studio General Information Document.

*elite* Dance Studio reserves the right to refuse instruction or training to anyone who cannot comply with the rules set forth in the *elite* Dance Studio Rules and Standards.

Students' Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if student is over 18 years of age)

I, the undersigned, as Parent or Guardian of the above student, hereby release *elite* Dance Studio, including Instructors, Coaches and Assistants from any and all injuries and causes of action which my child may sustain while training, practicing, performing, or during any event, competition or activity.

I, the undersigned, as Parent or Guardian of the above student, agree that I am responsible for their health and accident insurance, and any medical costs incurred due to an injury. I also give my permission for emergency medical transportation & treatment, at my expense, if the need arises, that I give my permission for the public display of any studio pictures that my child may be in, and that I have thoroughly read, understand and agree to the *elite* Dance Studio General Information Document.

*elite* Dance Studio reserves the right to refuse instruction or training to anyone who cannot comply with the rules set forth in the *elite* Dance Studio rules and standards.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if student is under 18 years of age)

Studio Registration fee Received \$30 Check # \_\_\_\_\_

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