



Toe Touch

CheerBears

Registration Form



Name: _____

Date of Birth: _____

Age on March 1, 2021: _____

T-Shirt Size: _____

Mailing Address: _____

City/State/ZIP: _____

Primary Phone: _____

E-Mail Address: _____

Emergency Contact Name/Phone: _____

Are you on any medication, or have any condition that would interfere with your participation in dance class? If so, please explain: _____

I am the parent or guardian of the minor child named above and I consent to the child's participation in programs offered by Whitney Kyzer School of Dance. I authorize Whitney Kyzer School of Dance, LLC, and its employees to act on my behalf according to their best judgment in any emergency requiring medical attention for my child. I give Whitney Kyzer School of Dance, LLC, permission to take pictures and videos of my child to use on Whitney Kyzer School of Dance website and social media. I acknowledge that participation in the recreational programs offered by Whitney Kyzer School of Dance involves inherent risk of physical injury, including catastrophic injury or death. I acknowledge that participation in such programs may require my child to be in close proximity or contact with others, which may put my child or persons my child comes in contact with at risk for communicable illness and disease. Knowing the risks described above, I agree, on behalf of myself and the minor child named on this form to assume all such risks and, to the fullest extent of the law, I release, hold harmless, and agree to indemnify Whitney Kyzer School of Dance, LLC, its owners, employees, agents, and affiliates, from and against any present or future claim, loss, or liability for injury which said minor child may suffer or for which said minor child may be liable to any other person, related to the child's participation in Whitney Kyzer School of Dance programs on or off the premises, including injuries resulting from alleged negligence on the part of Whitney Kyzer School of Dance, and I agree to assume all medical costs resulting from such injuries. I attest that I am at least eighteen years of age and have carefully read, understood, and agree to the above terms.

Parent/Guardian Signature

Date