



Mother's Name	Home Phone	Cell Phone
Father's Name	Home Phone	Cell Phone
Address	City	Zip
Email #1	Email #2	
Emergency Contact (other than parent)	Emergency Contact Phone #	
How did you hear about us?		

First Name	Last Name	Date of Birth	Grade/School
First Name	Last Name	Date of Birth	Grade/School
Previous Performing Arts Training			

Doctor's Name	Doctor Telephone
Medical Conditions/Allergies (please also include any surgeries)	

We, the staff at Spotlight of Wellington, recognize our obligation to make sure our students and their parents are aware of the risks and hazards involved in the sport of dance. By signing this waiver, you release Spotlight of Wellington and all its employees from all claims on account of any injury which may be sustained by your child while attending any dance class, event associated with Spotlight of Wellington or outside performance. In signing this waiver, you also acknowledge your responsibility in paying monthly tuition, any associated costumes, entry fees for performances and competition and all other communicated costs involved. You also affirm you now have, and will continue to carry, proper primary medical, health, and hospitalization and accident insurance, which you consider adequate for the protection of both your child and Spotlight of Wellington.

- I agree that any photography and/or video-tape taken at Spotlight may be used for publicity purposes.
- I would not like any photography and/or video-tape at Spotlight to be used for publicity purposes.

By signing below, I attest the information above is accurate. My signature below also indicates that I have read, understand, and will abide by Spotlight of Wellington's aforementioned procedures.

Parent/Guardian/Adult Student Signature

Date

Please write the classes and/or camps that you are registering for: _____