



# SAN DRAGON, INC. AND LUJIANPING DANCE & ARTS ADULT STUDENT REGISTRATION FORM

# A

**Do not fill in this block (Officer Use Only)**

<b>Student ID:</b>	<b>Family ID:</b>	<b>Staff Name:</b>	<b>Date:</b>
<b>Memo:</b>			

## I. PERSONAL INFORMATION

### Student Name

\_\_\_\_\_ M  F   
 First Last Chinese Gender Date of Birth

\_\_\_\_\_  
 Address City State Zip Code

\_\_\_\_\_  
 Home Phone Mobile Phone Work Phone E-mail address

Have you had previous dance experience/training? Yes  No  If **YES**, complete below.

Which field? (Chinese, Ballet, Jazz, Tap, etc.) \_\_\_\_\_ How Long? \_\_\_\_\_

## II. PERMISSION AND RELEASE AGREEMENT

I, \_\_\_\_\_, hereby acknowledge and agree that I attend and participate voluntarily in all San Dragon Inc (hereinafter called San Dragon) and Lujianping Dance & Arts (hereinafter called LD&A) activities and events.

I understand that dance training for San Dragon and LD&A students requires a sustained, repetitive, vigorous physical activity, usually performed on a hard or lightly padded surface without protective footwear (i.e. athletic shoes). It is also understood that dance instruction involves kinetic corrections that may include physically touching the student as part of regular class work and rehearsals. I understand that participants engage in a broad range of quick movements, bending, twisting, running, leaping and lifting, which place extreme demands on the human body, including stress of joints and ligaments, repetitive impact, and occasional falls, slips and collisions with other participants and objects. I also understand that San Dragon and LD&A are not staffed to monitor and supervise the activities of their students at all times, and the tuition does not cover constant supervision.

I also understand that there are inherent risks of serious personal injury involved in all of the above activities as well as in the general participation in San Dragon and LD&A activities and events. I voluntarily assume and accept such risks of personal injury and illnesses arising from my attendance and participation in such activities and events. I hereby release San Dragon and LD&A, their owners, employees, directors, instructors, officers and agents from all actions, claims or demands that I, my spouse, my child, our heirs or representatives now have or may hereafter have for personal injuries or property damage resulting from my attendance and/or participation in San Dragon and LD&A activities and events. I agree that this release includes personal injury and/or property damages caused in whole or in part by negligence, active or passive, of San Dragon and LD&A, their owners, employees, directors, instructors, officers and agents. This release does not apply to liability for willful injury or fraud. This permission and release shall remain effective while I am enrolled and participating in all San Dragon and LD&A activities and events.

### III. EMERGENCY MEDICAL AUTHORIZATION

Should it be necessary for me \_\_\_\_\_, to have emergency medical treatment while participating any activity affiliated with San Dragon and LD&A, I hereby authorize San Dragon and LD&A to use their judgment to obtain medical services. I further authorize any individual selected by San Dragon and LD&A to render such emergency medical treatment as it may deem necessary and appropriate. I understand that San Dragon and LD&A do not collect any insurance charge from its students to pay for medical or hospital costs. Consequently, I understand that any and all costs shall be my sole responsibility.

- Have you had any physical and/or medical problems that may restrict your ability to participate in any type of activities affiliated with San Dragon and LD&A? Yes  No  If **YES**, please explain below.

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- Have you had any injuries in the past that may pose a problem with any physical activities now? Yes  No  If **YES**, please explain below.

#### Family/Friend, Physician and/or Dentist to be contacted in case of emergency:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to student \_\_\_\_\_

Physician \_\_\_\_\_ Phone # \_\_\_\_\_ Policy/Medical Record # \_\_\_\_\_

Dentist \_\_\_\_\_ Phone # \_\_\_\_\_ Policy/Medical Record # \_\_\_\_\_

### IV. PHOTO AND VIDEO RELEASE

I hereby give permission for San Dragon and LD&A to broadcast, publish or use, any photos, videos or other related class material(s) which may include me for any San Dragon and LD&A related activities, including but not limited to, newsletters, slide presentations, instruction videos, performance program guide, performance video tape/DVD, and web pages.

### V. SIGNATURE

By signing this registration form, I acknowledge that:

I have carefully read the Permission and Release Agreements, Emergency Medical Authorization, and Photo and Video Release. I understand it is a full release of liability, and I agree to be bound thereby.

I read and understand the rules and regulations outlined by San Dragon and LD&A have published Policy & Procedure, Tuition Policy, and I will be expected to abide by.

I will perform to the best of my ability to uphold the highly professional standards San Dragon and LD&A have established.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date