



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

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Do not fill in this block (Officer Use Only)

Student ID:	Family ID:	Staff Name:	Date:
Memo:			

I. PERSONAL INFORMATION

Student Name

_____ M F _____
 First Last Chinese Gender Date of Birth

 Address City State Zip Code

Parent/Guardian Name

_____ Relationship _____
 First Last Chinese to student

_____ @ _____
 Home Phone Mobile Phone Work Phone E-mail address

Has your child 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 my child, _____, to 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 child's attendance and participation in such activities and events as well as from me being on the San Dragon and LD&A premises. 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 child's attendance and/or participation in San Dragon and LD&A

activities and events including from me being on the San Dragon and LD&A premises. 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 my child is enrolled and participating in all San Dragon and LD&A activities and events.

III. EMERGENCY MEDICAL AUTHORIZATION

Should it be necessary for my child, _____, 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.

- Has your child had any physical and/or medical problems that may restrict his/her 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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- Has your child had any injuries in the past that may pose a problem with any physical activities now? Yes No If **YES**, please explain below.
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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 my child 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 assist my child to perform to the best of his/her ability to uphold the highly professional standards San Dragon and LD&A have established.

SIGNATURE MUST BE SIGNED BY PARENT/GUARDIAN

Parent/Guardian Name

Parent/Guardian Signature

Date