



Dance • Gymnastics • Karate

13-15 Delaware Drive
Salem, NH 03079

603-893-5190 /603-893-9693 (FAX)
voters@votersdanceandgym.com

2010 SUMMER REGISTRATION FORM

www.votersdanceandgym.com

FOR OFFICE USE ONLY:

AMOUNT PAID: _____

DATE: _____

CHECK #: CASH CC

STUDENT INFORMATION	STUDENT'S NAME	AGE	GRADE	DOB / /	
	STUDENT'S NAME	AGE	GRADE	DOB / /	
	STUDENT'S NAME	AGE	GRADE	DOB / /	
	STREET	TOWN		STATE	ZIP
	PREVIOUS TRAINING				

PARENT INFORMATION	MOTHER'S NAME	HOME PHONE	CELL PHONE	WORK PHONE
	FATHER'S NAME	HOME PHONE	CELL PHONE	WORK PHONE
	EMAIL			

CLASS INFORMATION	STUDENT'S NAME	CLASS / CAMP	FEE
	STUDENT'S NAME	CLASS / CAMP	FEE
	STUDENT'S NAME	CLASS / CAMP	FEE

TUITION INFORMATION	<ul style="list-style-type: none"> ALL SUMMER TUITION MUST BE PAID FOR IN FULL AT THE TIME OF REGISTRATION. NO REFUNDS FOR MISSED CLASSES. \$25.00 RETURNED CHECK FEE <p>SUMMER DRESS CODES: PLEASE ASK OR CALL ABOUT THE SPECIFIC DRESS CODE FOR CLASSES AND CAMPS.</p>	CLASS/CAMPS TOTAL FEES:	
		SUMMER REGISTRATION FEE: \$15.00 (NEW STUDENTS ONLY)	
		TOTAL AMOUNT DUE:	

Register and pay in full before May 30th, 2010 and receive \$5.00 off tuition.

MUST SIGN	I have read and understand the Tuition Policy and the Release Form on Back.
	Signature of Parent/Legal Guardian: _____ Date: _____

In consideration of the services of Voter's Dance and Gymnastics, here in after collectively referred to as ("VD&G"), their agents, owners, officers, employees and all other persons or entities acting in any capacity on their behalf, I hereby agree to release and discharge "VD&G", on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I understand and acknowledge that the activity I or my child are about to engage in poses known risks and unanticipated risks which could result in injury, paralysis, death, emotional distress or damage to myself or my child, to property, or to third parties. **The following describes some, but not all, of those risks:**

Gymnastics and/or dance entails certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. Without a certain degree of risk, gymnastics students would not improve their skills, and the enjoyment of the sport would be diminished.

Gymnastics exposes its participants to the usual risk of cuts and bruises. Other more serious risks exist as well. Participants often fall off equipment, sprain or break wrists and ankles, and can suffer more serious injuries as well. Traveling to and from shows, meets and exhibitions raises the possibility of any manner of transportation accidents. In any event, if you or your child are injured, you may require medical assistance, at your own expense.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, no one is forcing me or my child to participate, and we elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge and agree to hold harmless and indemnify "VD&G" from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with me or my child's participation in this activity.

4. Should "VD&G", or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.

5. I certify that I or my child have health, accident and liability insurance to cover any bodily injury or property damage that may be caused or suffered while participating in this event or activity, or else I agree to bear the costs of such injury or damage to myself or my child. I further certify that I am willing to assume the risk of any medical or physical condition me or my child may have or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

6. In the event that I file a lawsuit against "VD&G", I agree to do so solely in the state of New Hampshire and I further agree that the substantive law of that state shall apply in that action without regard to conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against "VD&G" on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant or Parent: _____ Print Name: _____
Address: _____
Phone: _____ Date: _____

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)**

In consideration of _____ (print minor's name) ("Minor") being permitted by "VD&G" to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless "VD&G" from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____

EMERGENCY INFORMATION

Emergency Phone # _____ Name and Relation of person at this # _____
(OTHER THAN PARENT)

Does your child (or self, if an adult) have any medical conditions we should be aware of? Please Circle: YES NO
If YES, please explain. _____

I give my permission for Voter's Staff to give my child simple first aid or arrange transportation to a hospital to receive emergency medical treatment: Please Circle: YES NO