



Dance • Gymnastics • Karate

13-15 Delaware Drive
Salem, NH 03079

603-893-5190 / 603-893-9693 (FAX)

voters@votersdanceandgym.com

2010-2011

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	DANCE TYPE / GYM LEVEL	DAY/TIME (1 ST CHOICE)	DAY/TIME (2 ND CHOICE)	CLASS LENGTH
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TUITION INFORMATION	# OF HOURS TAKEN	4 WEEK TUITION RATE	REGISTRATION FEE	TUITION POLICY	Single child or combination of children in one family.
	¾	\$50.00	\$30.00/CHILD \$45.00/ FAMILY	All tuition is payable in advance of the next tuition period. Tuition periods consist of four consecutive weeks of instruction.	TOTAL # OF HOURS: (Add class lengths)
	1	\$60.00	No REFUNDS FOR MISSED CLASSES	Tuition cards are distributed to students during the third week of the tuition period. All tuitions are due during the fourth week of the tuition period. TUITION IS STILL DUE THE 4th WEEK REGARDLESS OF WHETHER THE STUDENT IS IN TO RECEIVE THE TUITION CARD DURING THE 3RD WEEK.	CLASS TOTAL DUE: (EVERY 4 WEEKS)
	1 ¼	\$64.00	\$25.00 RETURNED CHECK FEE	Payments received <u>after</u> the due date will be charged a \$5.00 late fee. If this fee is not added to the late tuition payment, it will be added to the next payment.	ANNUAL REGISTRATION FEE: \$30.00/CHILD \$45.00/FAMILY (NON-REFUNDABLE)
	1 ½	\$77.00	CALL FOR RATES		TOTAL AMOUNT DUE:

For DRESS CODES and MAKE UP POLICY, please see our Fall Brochure, Policies or call for information.

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 their agents, owners, officers, volunteers, participants, employees and all other persons or entities acting in any capacity on their behalf (herein after collectively referred to as "VD&G"), I hereby agree to release, indemnify, and discharge VD&G, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that participation in gymnastics and dance training and instruction activities entails known and unanticipated risks that could result in physical and emotional injury, paralysis, death, or damage to myself to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: slips and falls; falling from equipment; rope burns; pinches, scrapes, twists and jolts that could result in scratched, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards; strains, cuts, bruises, muscle soreness and fractures; musculoskeletal injuries including head, neck and back; injuries to internal organs; the negligence of other people; my own physical condition; and the risk of emotional and psychological injuries or physical damage associated with this activity. Traveling to and from shows, meets and exhibitions raises the possibility of any manner of transportation accidents. In any event, if your child is injured, your child may require medical assistance, at your own expense.

Furthermore, VD&G employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

- 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 I elect to participate in spite of the risks.
- 3. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless VD&G from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity or my use of VD&G's equipment or facilities, **including any such claims which allege negligent acts or omissions of VD&G.**
- 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 hold them harmless for all such fees and costs.
- 5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition that I may
- 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 document 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