

LET'S MOVE! LET'S DANCE!

Registration For A Minor:

Checklist: Please send:

1) Student Information 2) Fee 3) Donation 3) Media and Participation Waiver & Release (signed) by 2nd lesson in an envelope marked LMLD with your child's name.

Student Information: _____

Last Name		First Name	
Address			
City		State	Zip Code
Home Phone#		Parent Cell #1	Parent Cell #2
Email/Emails			
Emergency Contact 1		Relationship	Phone#
Emergency Contact 2		Relationship	Phone#
Grade		Age	
Height (in inches)		Weight (in lbs)	
Chest(in inches)		Waist (in inches)	
Waist to Mid-leg length (in inches)		Waist to ankle-length (in inches)	
Favorite color			

Suggested Supply Fee: \$10(cash) Suggested Donation made out to Smile Train: \$20(check)

Please send in an Envelope marked LMLD with Your Child's Name

1. Registration Form ____ 2. Waiver and Release Form ____ 3. Cash(\$10) ____ 4. Check(\$20) ____

Signed _____ Dated _____

LET'S MOVE! LET'S DANCE!

WAIVER & RELEASE FORM

MEDIA WAIVER & RELEASE OF ALL CLAIMS:

The Parent /Legal Guardian, by signing below, grants Let's Move! Let's Dance! and Nina Priya Kumar permission to record the participation of the child/student on photograph or on video, in print and in her websites including <http://ninapriyakumar.wix.com/letsmoveletsdance> and to use it for promotional and educational purposes without compensation and hereby voluntarily waives and releases from liability any and all rights and claims and holds harmless, Let's Move! Let's Dance! and Nina Priya Kumar. Such recordings are the sole property of: Let's Move! Let's Dance! and Nina Priya Kumar.

PARTICIPATION WAIVER & RELEASE OF ALL CLAIMS:

The Parent /Legal Guardian, by signing below, hereby voluntarily waives and releases from liability any and all rights and claims and holds harmless, the instructor(s), of Let's Move! Let's Dance! including Nina Priya Kumar and/or the facility (Seminole County East Branch Library at Oviedo) for any damages, accident, injury, illness, death, loss, damage to person or property, or other consequences suffered by the Child/Student or any other person arising or resulting directly or indirectly from the Child/Student participation in any Activity sponsored by Let's Move! Let's Dance!

The undersigned represents that the Child/Student is in good health and does not have any history of a medical condition that would place the Child/Student at risk because of his/her condition. The undersigned further acknowledges that the Child/Student instruction involves physical exercise and physical stress that could result in physical injury, that the Child/Student participation is voluntary, and that the undersigned accepts all risks arising from such activity.

I acknowledge that I am the parent and/or legal guardian of this child/student. I have read the policies, waivers and release agreements in their entirety, understand them, and agree to comply with their content.

First and Last Name of Child/ Student	Age
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First and Last Name Parent/Legal Guardian (Print)	Date
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Signature of Parent/Guardian	Date
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