



STUDENT INFORMATION FORM

SCHOOL YEAR: 20____/20____

STUDENT'S NAME: _____

STUDENT'S BIRTHDATE: _____ AGE: _____ GRADE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PRIMARY PHONE #: _____ SECONDARY PHONE#: _____

EMAIL: _____

NAME OF PARENT OR GUARDIAN: _____

IN CASE OF EMERGENCY, PLEASE CALL: _____

HEALTH/PHYSICAL RESTRICTIONS OR KNOWN ALLERGIES: _____

PHOTOGRAPHY RELEASE:

Santa Rosa Dance Theater uses images for educational, promotional, advertising and other purposes that support the mission of SRDT. Images used on our Website are low resolution and dancer's names are not listed on our website or marketing materials. I hereby grant SRDT permission to use my child's/my own images in marketing materials, such as, but not limited to, newspaper articles and website publication. I grant SRDT all rights to use images in any medium and I understand that all rights to these images belong to Santa Rosa Dance Theater.

Signature of Dancer, Parent or Guardian

Date

LIABILITY WAIVER:

I, the undersigned, release and discharge Santa Rosa Dance Theater, and its staff, officers, directors, agents and volunteers from any and all liability arising from, related to, or connected with any injury or illness or damage caused by or sustained in the course of any participation in classes, performances, or other activities conducted by or associated with Santa Rosa Dance Theater. I am aware that participating in dance classes and performances can result in injuries, and I am voluntarily participating in those activities with knowledge of the danger involved and I hereby attest that the Waiver of Liability is provided voluntarily upon submission of this form and shall be fully binding upon me, my heirs, next of kin, executor, administrator, and/or personal representative. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the Santa Rosa Dance Theater of Sonoma County and/or its affiliated organizations and I sign of my own free will.

Signature of Dancer, Parent or Guardian

Date