

IBT ACADEMY REGISTRATION & RELEASE FORMS

STUDENT INFORMATION

Name: _____
Street Address: _____
City: _____ State: __ Zip: _____
Home phone: _____ Date of Birth: _____
Academic School (name): _____ Grade: _____
Other information (medical conditions, allergies): _____

PARENT INFORMATION (only needs to be filled in if student is a minor)

Mother's Name: _____
Home phone: _____ Work phone: _____ Cell: _____
Occupation: _____
Email: _____

Father's Name: _____
Home phone: _____ Work phone: _____ Cell: _____
Occupation: _____
Email: _____

OTHER EMERGENCY CONTACT INFORMATION:

Name: _____ Phone: _____

PLEASE SIGN AND DATE THIS STUDENT RELEASE:

Dancing can be a strenuous activity from which injuries may arise. IBT Academy and its instructors and employees are NOT LIABLE for personal injuries, nor loss of or damage to personal property. Please inform your instructor of any physical limitation you may have prior to enrollment. If you are in doubt, please consult your physician before participating in classes.

I have read and understand the Student Release.

Signature of Parent/Guardian: _____ Date: _____
(Must be signed by a parent or guardian if the student is under 18)

PHOTO / MEDIA RELEASE

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above. I also grant to the right to edit, use, and reuse said products for non- profit purposes including use in print, on the internet, and all other forms of media. I also hereby release IBT Academy and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian _____ Date: _____

Nutcracker _____

Fall ____ (year) Class/Day/Time _____