How Did You Hear About Us?
Current Dancer _______________
Internet
Other_______________

2017-2018 Registration & Medical Form

Please print ALL information neatly. Annual registration fees are $30.00 per family and are due with this form.
Please fill out one form per family as there is ample space to list all dancers on this form.

	DANCER'S NAME	BIRTH DATE (M/D/Y)	AGE	DANCER'S EMAIL ADDRESS	SCHOOL/GRADE
1st		/ /			
2nd		/ /			
3rd		/ /			

	PARENT'S/ GUARDIAN'S NAME	E-MAIL ADDRESS	HOME PHONE	WORK PHONE	CELL PHONE
Mother					
Father					
Other					

Dancer's Street Address ____

City ______________________________ State ____________ Zip ________________

WAIVER OF LIABILITY

Safety is the main objective, but any activity involving motion has a chance of accidental injury. I, the undersigned parent or legal guardian of the dancer(s) listed above, do hereby give permission for the aforementioned persons to participate in any and all classes, programs, shows and events offered by or attended by Infinity Dance Academy, Inc. I accept all risks associated with that participation and understand that there is a full possibility of serious physical illness or injury. I hereby covenant not to sue and waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against IDA and its officers, owners, directors, employees, the owner of the facility in which IDA exists and/or other assigned representatives or volunteers from any and all liability and for any and all damages and/or injuries which may be sustained or suffered by the dancer(s) listed above while participating at or for IDA. Furthermore, I hereby give my permission to IDA to use photographs and/or videos of the dancer(s) listed above as deemed appropriate for the promotion of Infinity Dance Academy, Inc.

INSURANCE & PERMISSION FOR TREATMENT

IDA does not carry medical insurance for its students. It is required that all students be covered by their own family insurance policy and it is understood that if injury does occur, the student's own policy is your only source of reimbursement. My signature below indicates my certification that I have medical insurance on the dancer(s) listed above and will maintain continuous medical coverage while he/she dances at IDA. I also authorize IDA and its owners, employees, directors, etc. to use standard first aid procedures on the dancer(s) listed above and to consent any other medical procedure that is deemed necessary in the case of an emergency. Furthermore, I certify that I personally and/or my medical insurance carrier will be responsible for all expenses which are incurred in relation to any injury sustained during any IDA related activity including but not limited to a IDA class, competition, show, etc. (Please list your medical coverage info below...make sure that you inform IDA if this info changes.)

Insurance Company Name:____ **Policy #**_______________

IDA RULES & REGULATIONS

My signature below also indicates that I have read, understand and will abide by all general rules and regulations that are set forth by IDA and its owners, employees and directors and any additional rules or requirements as set forth throughout the year.

Parent's Signature:____

Office Use Only

Free Class Date:	Registered By:
Registration Paid:	**Payment Type**: Check #_______ Visa/Mastercard Cash
T-Shirt:	Yes No

IDA • 1005 E. Main St. Suite B • P.O Box 1096 • Plainfield, IN 46168 •317/837-6333

Medical Form

Please inform IDA if any medical information changes.

1st Student's Full Name:____________________________________

2nd Student's Full Name:____________________________________

3rd Student's Full Name:____________________________________

(Medical Conditions please indicate which child)

Allergies	
Current Medications	
Family Physician	
Physician Phone	
Emergency Contact (other than Guardian & Relationship to Student)	
Emergency Contact Phone#	

Please list any physical/psychological limitations, injuries, or weakness that may affect the student:

____

____

____

If the student has a condition which may require special attention, please list the directions below.
(Such as use of inhailer/insulin/ect.)

____

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____

I would like to receive IDA updates via Text & Email: □Yes □NO

If, Yes Cell #:______________________________

Email:___________________________________

Parent/Guardian Signature:________________________Date:________