| P.I.P.A CAMP REGISTRATION FORM | | | | | |
|---|---|--------------|------|---------------------|--|
| MEN | IBER OF THE YMCA _ | _YES OR | _NO | | |
| PARTICIPANT INFORMATION | | | | | |
| Name: | | | T~8 | shirt Size | |
| Date of birth: | Age: | | | P.I.P.A Experience: | |
| Current address: | | | | | |
| City: | State: | | | ZIP Code: | |
| Grade | School: | | | Student Email: | |
| | PARENT INFOR | MATION | | | |
| Mother's Name: | | | | | |
| Address | | | | Home Phone: | |
| City: | State: | | | Cell Phone: | |
| Employer Name: | | | | Work Phone: | |
| Position: | E-mail: | | | Zip Code | |
| | SPOUSE INFORM | MATION | | | |
| Father's Name: | | | | | |
| Address: | | | | Home Phone: | |
| City: | State: | XU |) | Cell Phone: | |
| Employer Name: | | | | Work Phone: | |
| Position: | Email: | | | Zip Code: | |
| | DANCE EXPE | RIENCE | | | |
| Name of Dance School: | | | | | |
| Performance Experience: | | | | How long? | |
| WHAT DO YOU WANT YO | UR CHILD TO ACC | OMPLISH " | THR | OUGH OUR PROGRAM? | |
| | | | | | |
| | | | | | |
| | | | | | |
| WH | O RECOMMENDEI |) PIPA TO Y | YOU' | ? | |
| • | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | SIGNATU | RES | | | |
| I authorize the enrollment of my child in Performing Arts to photograph and vide advertisements, news stories and various | Positive Image Perfo o my child, understan | orming Arts. | | | |
| Parent Signature: | | | | Date: | |
| | | | | Date: | |
| | | | | 1 | |

For Office Use Only: ______Monthly Fee ______Registration Fee ______T-shirt Size

POSITIVE IMAGE PERFORMING ARTS LIABILITY RELEASE FORM

This document must be signed by the student or, if under 18 years of age, by his or her parent or legal guardian, prior to participating in any activity with POSITIVE IMAGE PERFORMING ARTS. Since dance and gymnastics is an inherently physical activity, injuries may occur. Each student may decline to participate in any activity which he or she deems to be harmful or painful, and must inform the instructor of any physical limitations, which may prevent full participation in class. By signing this document below, you (each member or student, or student's parent or legal guardian) agree to follow all written and oral policies, rules, and instructions that govern the operation of POSITIVE IMAGE PERFORMING ARTS. You affirm that you have reviewed and understand POSITIVE IMAGE PERFORMING ARTS' policies and rules, and understand that any of these may be changed or amended at any times without prior notice. You understand that POSITIVE IMAGE PERFORMING ARTS has a "No Refund" policy, and that following your first class at POSITIVE IMAGE PERFORMING ARTS, your tuition will be non-refundable. You agree that if you engage in any form of dance, physical exercise, or other activity at POSITIVE IMAGE PERFORMING ARTS, you do so at your own risk. This includes, without limitation, your use of the main studio, any of the adjacent rooms, studios, offices, and sidewalk, any equipment, costumes, or stage props, and your participation in any activity, class program, camp, party or instruction. You agree that you are voluntarily participating in these activities and using these facilities and premises and assume all risk of injury, illness, damage, or loss to you or your property that might occur, including without limitation, any loss of theft of any personal property. You agree on behalf of yourself (and your personal representatives, heirs, executors, administrators, agents, and assigns) from any and all claims or causes of action (known and unknown) arising out of our negligence. This waiver and release of liability includes, without limitation, injuries which may occur as a result of: .

- a). your use of any equipment or facilities which may malfunction or break,
- b). our improper maintenance of any equipment or facilities,
- c). our negligent instruction or supervision, and
- d). slipping/falling while at POSITIVE IMAGE PERFORMING ARTS or on the

premises. You acknowledge that you have carefully read this waiver and release and fully understand that it is a release of liability. You are waiving any right that you may have to bring a legal action to assert a claim against us for our negligence.

By signing below, you acknowledge and agree that all dancing and other exercises, or any other uses of POSITIVE IMAGE PERFORMING ARTS, are undertaken by you at your sole risk, and that POSITIVE IMAGE PERFORMING ARTS shall not be liable for any claims for injuries or damages whatsoever to your person or property, or of your guests, arising out of or connected with any use of POSITIVE IMAGE PERFORMING ARTS. You further agree to indemnify and hold POSITIVE IMAGE PERFORMING ARTS and its employees or other agents harmless from all claims by or liability to you or your guests. The sole exception shall be for those claims arising out of POSITIVE IMAGE PERFORMING ARTS knowing and intentional failure to correct a dangerous situation brought to its attention. This disclaimer is intended to provide a comprehensive release of liability, but it is not intended to assert any claims or defenses prohibited by law. *Student*

| Student | | |
|----------------------------------|--|---|
| Signature: | Date: | |
| _ | | |
| Parent/Guardian: | | |
| Signature: | Date: | |
| 5 | | |
| | POSITIVE IMAGE PERFOR | RMING ARTS |
| • | | |
| | EMERGENCY INFORMATION CON | ITACT INFORMATION |
| In case of an emergency | Y | |
| | | |
| First Person of Contact | | |
| Name | | |
| Home Phone# | Cell Phone# | |
| Relationship | | |
| Second Person of Contact Name | | |
| Home Phone# | Cell Phone# | |
| Relationship | | |
| Please list any Health and/or al | | |
| In case of emergency, if parent | t(s) cannot be contacted I hereby authorize: | |
| POSITIVE IMAGE PERFORMING A | RTS to act on my behalf in the interest | (child's name). If parent(s) or third party cannot be |
| | MAGE PERFORMING ARTS authorities to act on my behavior | |

contacted, I authorize POSITIVE IMAGE PERFORMING ARTS authorities to act on my behalf in the interest of this child. Parent and / or Guardian's : Name

Parent and / or Guardian's Signature

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