



# After-School/Fun Days Registration Form

87 Norman St.  
West Springfield, Ma 01089  
736-5196  
email:louisenoelsdance@gmail.com

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender \_\_\_\_\_  
Home Address: \_\_\_\_\_ Grade in/entering \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Eye color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Identifying marks or moles: \_\_\_\_\_

### Parents/Guardians

Parent/Guardian Name: \_\_\_\_\_ Place Employed: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Place Employed: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ email: \_\_\_\_\_

### Emergency Information

Two people to contact if the Parent(s)/Guardian(s) cannot be reached. Must be local contacts, must be someone other than the parent(s)/guardian.

Emergency contact Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency contact Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Person(s) Authorized to Pick Up Child: \_\_\_\_\_  
Person(s) **NOT** authorized to Pick Up Child: \*(certified copies of court order must be provided) \_\_\_\_\_

### Medical Information

Allergies  yes  no    Seizures  yes  no    Chronic condition/illnesses  yes  no  
Physical limitation/restrictions  yes  no    Easily upset  yes  no    Withdrawn/Shy  yes  no  
Physically Aggressive  yes  no    Hyperactive  yes  no    Dietary Restrictions  yes  no

Explain any "Yes" answers: \_\_\_\_\_

Information that an instructor needs to be aware of: \_\_\_\_\_

Medications: (Please list all medications). Will your child required to take medication during camp? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Medication	Dosage	Reason

**A copy of child's immunization records must be provided!**  yes

**Treatment Consent:** I give permission for any emergency treatment, hospitalization, or surgery deemed necessary on my child, including the administration of anesthesia or injection:

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**Acknowledgement of Risk and Waiver of Liability**

Gymnastics and Dance is intended to challenge and engage the physical , mental and emotional resources for each participant. Gymnastics and dance demand strength, balance and body control. I recognize that potentially severe injuries, including permanent paralysis can occur in any activity involving height or motion, including dance and gymnastics and their related activities including but not limited to tumbling and lifting. Understandably, not all hazards and dangers can be foreseen. In this regard, it is impossible for Louise Noel's Dance & Gymnastics to guarantee absolute safety.

In signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child might sustain, as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any, and all injuries, damages and loss, regardless of severity that my minor child or I may sustain as a result of participation.

In addition to the above mentioned, I also agree to:

1. Comply with the rules and policies of Louise Noel's Dance & Gymnastics including but not limited to all the payment and withdrawal policies.
2. I hereby certify that the child/ren enrolled in programs at Louise Noel's Dance & Gymnastics are willingly able to participate in this program without any restrictions.
3. I will allow photos of my child/ren to be included in advertising, bulletin boards, brochures and newsletters.

Parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**After-School Program Days Attending**

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Dance/Gymnastic class Attending \_\_\_\_\_

School Pick-Up \_\_\_\_\_

Program Start Date: \_\_\_\_\_

Bi-Weekly Cost: \_\_\_\_\_

CC # on File \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVC code# \_\_\_\_\_

Payment \_\_\_\_\_ Date \_\_\_\_\_