

New Member Application – Unique Precision

DANCER’S INFORMATION:

Dancer’s Full Name _____ Nickname _____
 Age _____ DOB _____ Sex (M or F): _____ Race: _____ Eye Color _____ Hair Color _____
 Dancer’s Physical Address _____
 City _____ State _____ Zip _____

PARENT/GUARDIAN INFORMATION:

Mother/Legal Guardian Name _____
 Address (if different from child) _____
 City _____ State _____ Zip _____
 Occupation and Place of Employment _____
 SSN _____ Daytime Telephone (____) _____ Cellphone (____) _____
 Evening (____) _____ E-Mail _____

Father/Legal Guardian Name _____
 Address (if different from child) _____
 City _____ State _____ Zip _____
 Occupation and Place of Employment _____
 SSN _____ Daytime Telephone (____) _____ Cellphone (____) _____
 Evening (____) _____ E-Mail _____

PERSONAL HISTORY:

Please list any food, medical or environmental allergies:

Does he/she have any medical disabilities, special needs, or conditions of which we should be aware?

INSURANCE INFORMATION:

Company Name _____ Address _____
 Phone _____ Contact Name _____ Policy # _____

MEASUREMENTS:

Height	Bust	Left Arm
Weight	Waist	Left Leg
Shoe (street)	Hips	Right Arm
Dress Size	Girth	Right Leg
Pant Size	Tights	

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List all Dance, Cheer or Performance Experience:

List any Honors you have received:

What are your long-term goals?

What are your short-term goals?

What would you like us to know that is not in this application?

Why do you want to be a Unique Precision Dancer?

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RELEASE FORM

NAME _____ AGE _____
PHONE _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____

RELEASE OF LIABILITY

I agree to indemnify LaMorne's Dance & Fitness, LLC. and its Member Teams, and their respective parents, subsidiaries affiliates, directors, officers, governors, employees, agents and their assignees from and against any and all claims, causes of action, or demands relating to or arising out of my performance for the Unique Precision Dance Team. I do hereby release LaMorne's Dance & Fitness, LLC and its staff from any and all liability that may arise from any injury to my child, _____, resulting from other than willful or malicious actions by the releases. LaMorne's Dance & Fitness, LLC does not provide liability insurance.

PERMISSION TO ADMINISTER FIRST AID

In the event of an emergency, I authorize the staff of LaMorne's Dance & Fitness, LLC to provide any first aid care deemed necessary for my child, _____.

PERMISSION TO PHOTOGRAPH

I hereby give the staff at LaMorne's Dance & Fitness, LLC permission to photograph or videotape my child, _____, participating in LaMorne's Dance & Fitness, LLC activities as a member of Unique Precision. I understand that such images will be the sole property of LaMorne's Dance & Fitness, LLC and may be reproduced and distributed for the purposes of marketing and promotion.

AGREEMENT TO RULES AND REGULATIONS

All decisions as to the selection of the Unique Precision Dancers are exclusively within the sole discretion of LaMorne's Dance & Fitness, LLC. I have full authority to execute this General Release and do so with full knowledge of the facts and circumstances surrounding my performance. I understand that all children enrolled in the program are expected to follow the rules established by the staff and children, for the purpose of safety and smooth operation of the program. If a discipline problem occurs, I will be contacted by the Executive Director. The discipline procedures that will be followed are: (1) Verbal Warning, (2) Five minutes from group, (3) Program Director notified/meeting with child and teacher, and (4) Parents notified. Suspension from our program from one day to five days can occur if the following inappropriate behavior is used: (1) Harming another child or staff person, (2) Stealing, (3) Damaging or Destroying Property, (4) Using foul language, or (5) Being totally disruptive and uncontrollable in the group.

Signature of Parent/Legal Guardian

Date