

Suzanne Semans Dance Studio

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2021-2022 Student Registration Form

(Please print in blue or black ink)

Student's name: _____

Street Address: _____

City: _____ Zip: _____ Age: _____ Birth date: _____

Home phone# _____ Student phone: _____

Email address(es): _____

Dance experience: _____

Grade level: _____ School: _____

Father's name: _____ Occupation: _____

Work phone# _____ Cell phone# _____

Mother's name: _____ Occupation: _____

Work phone# _____ Cell phone# _____

COVID Vaccinated? (Y / N) If yes, date of 2nd vaccine: _____

Emergency contact's information (other than parent):

Name: _____

Address: _____

Home phone# _____ Work phone# _____

Cell phone# _____ Relationship to student: _____

In consideration of the admission of my child (children) into classes conducted at *Suzanne Semans Studio*, I for myself, my executors, administrators, and assigns do hereby voluntarily and knowingly release and discharge Suzanne Semans, her agents, and employees from all claims of damages, demands, or actions whatsoever in any manner arising or growing out of such child's (children's) attendance or participation in the classes, programs, and activities conducted at the *Suzanne Semans Studio*. Furthermore, I hereby agree to indemnify, hold from any and all claims, costs, expenses, damages and liabilities, including attorney's fees incurred because of any claim such child (children) may have against Suzanne Semans, her agents, and employees.

Signature / relationship to student

Date

_____ I give permission for my child's photo to be posted on the studio website and/or on social media.