



# Seven Star School of Performing Arts

509 Route 312 • Brewster, New York 10509 • (845) 278 - 0728

www.sevenstarschool.com

Registration Number: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Parent 1 Cell: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Parent 2 Cell: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

CLASS	DAY	TIME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total \_\_\_\_\_

Check here if you would like to donate \$1.00 to Kids for Kids Charities

RELEASE: In consideration of being permitted to participate in any way, with, or for Seven Star School Of Performing Arts, Inc. ("SSSPA") and/or being permitted to enter for any purpose into any area where in admittance to the general public is prohibited ("Restricted Area"), agrees or, in the event that the participant is a minor, the parent (s) or legal guardian(s) of the participant ("I"): fully understand, acknowledge, and agree that there are risks and dangers associated with dancing, dance events, and related activities that can result in bodily injury, partial or total disability, paralysis, or death ("Harms"). I except and assume such risks and responsibility for the losses and damages followed in such Harms however caused and whether caused in whole or in part by the negligence of SSSPA. I HEREBY RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, AND COVENANT NOT TO SUE SSSPA including its owner(s), managers, teachers, promoters, other participants as well as instructors and promoters participating in activities or events held that or for SSSPA. Further, I consent to and permit SSSPA to use any picture taken of my child for their commercial advantage including advertisement and public dissemination. I HAVE READ AND I FULLY UNDERSTAND AND CONSENT TO THIS RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT. I HAVE HAD A CHANCE TO HAVE IT REVIEWED BY AN ATTORNEY. FURTHER I HAVE AGREED, UNDERSTAND, AND AGREE TO ALL OF THE POLICIES OF SSSPA WHETHER WRITTEN HEREIN OR ELSEWHERE.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

How did you hear out about us? \_\_\_\_\_