

Dance Registration Cotton Kandy Skies

\$30.00/month

School Name: Lake Dow Children's Academy

Student Name: _____

Birthdate: _____ Age: _____

Classroom: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Zipcode: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Any illness or special conditions that our staff should be aware of? _____

Waiver and Release Form

I fully understand that Cotton Kandy Skies staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Cotton Kandy Skies staff to render temporary first aid to my child or children in the event of an injury or illness and if deemed necessary by the Cotton Kandy Skies staff to seek medical help or the calling of an ambulance for the said child. I release Cotton Kandy Skies, its directors, staff and volunteers from any and all responsibility due to accident or injury sustained during participation in Cotton Kandy Skies activities. I am aware that gymnastics, dance, cheerleading and other fitness based activities all have risks. As in any sport, the possibility of serious injury and/or paralysis is present. The student named above has my full consent to participate in any Cotton Kandy Skies program. I also give consent for Cotton Kandy Skies to use my child's class participation photo for any promotional, marketing or advertisement use but not limited to brochures, website, posters, business cards, etc.

Parent/Guardian Signature

Date