

**Registration Form
(Children)**

Date: _____

Student #:

Name(s): _____ Last Name(s): _____

Date of Birth: _____/_____/_____ Country of Birth: _____

Sex: F _____ M _____ Date of Birth: _____ Age: _____

Email : _____

Address: _____

Full Name of Guardian/Parent: _____

Work Number: _____ Cell: _____ Other: _____

Doctor's Name: _____ Phone: _____

Emergency Contact: Name _____ Phone: _____

In case of accident, I _____ WILL NOT expect **Huepa!** to be accountable for any physical injury **before, during or after** dance practices. I will be responsible for my child/ren during **waiting hours or break** period inside and around the Dance studio However, I am aware that Huepa! teachers are committed to offer safe and appropriate activities and classes based on each child's age.

FEES:

- Annual Membership - \$30 Per Dancer
- Monthly \$25 - Per Dancer
- Optional- \$25- Practice Skirt
- Optional- \$5- HUEPA T-Shirt

Relationship with Participant: **Mother/ Father /Other:** _____

Signature: _____ Date: _____

- Huepa! Culture & Arts Institute reserves the right to choose participants to perform based on their performance levels as well their artistic readiness.

Waiver of Liability

This agreement releases **Huepa Culture & Arts Institute** from all liability relating to any personal injuries that may occur **before, during and after** any practice, performance or any other activity. By signing this agreement, I agree to hold **Huepa Culture & Arts Institute** entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are accidental or caused by negligence.

I also acknowledge the risks involved in dancing and performing arts. My participation is voluntary. I acknowledge and accept all risk regarding participation. Additionally, I do not have any medical/ physical/ mental conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below, I forfeit the right to any litigation against **Huepa Culture & Arts Institute**. Representatives of **Huepa** verbally explained the risk and it is my responsibility to adhere to all safety precautions. I will ask for clarification when / if needed.

I, _____, fully understand and agree to the above terms.

I, _____, on behalf of my child: _____ fully understand and agree to the above terms.

Signature:

Date: _____

¡ Huepa! **Culture & Arts Institute - (HCAI)**

Photo Release Form for Minors (if under 18)

Huepa! Culture & Arts Institute has my permission to use my photograph publically to promote the activities of **HCAI**. I understand that HCAI may use the images in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me for their use.

Guardian's signature: _____

Date _____

Guardian's Name: _____

Child's Name: _____

Phone Number: _____ Email: _____