



CountrySide Shopping Village
33 Hirst Road, Unit H2
P.O. Box 1250
Grand Cayman KY1-1108
345-916-0146
info@radiance.ky

2021-2022 REGISTRATION FORM

STUDENT INFORMATION

STUDENT NAME: _____

DATE OF BIRTH (DD/MM/YYYY): _____

SCHOOL ATTENDING: _____ YEAR/GRADE: _____

MEDICAL INFORMATION

MEDICAL INSURANCE CARRIER: _____ POLICY#: _____

ALLERGIES: _____

HEALTH ISSUES: _____

MEDICATIONS: _____

PARENT'S/GUARDIAN CONTACT INFORMATION

FULL NAME: _____

RELATIONSHIP TO CHILD: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

MOBILE #: _____ WORK #: _____

EMERGENCY CONTACT INFORMATION

FULL NAME: _____

RELATIONSHIP TO CHILD: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

MOBILE #: _____ WORK #: _____



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WAIVER RELEASE FORM

TERMS OF RESPONSIBILITY, AUTHORIZATION AND EMERGENCY CONSENT

I/We the parent(s)/guardian(s) of the above-named child, hereby give my/our approval to participate in Radiance Dance Studio activities. We know that participation in dance may result in injuries. I/We do hereby waive, absolve, indemnify, and agree to hold harmless Radiance Dance Studio, supervisors, instructors, participants and persons involved with such activities from any claim arising out of injury to my/our child whether the result of negligence or for any other cause. I/We know that it is the policy of Radiance Dance Studio to notify a parent when a child is ill or is in need of medical attention. If medical attention is needed and a Radiance Dance Studio representative is unable to get in contact with a parent/guardian; the procedure is to take the child to the nearest hospital/clinic or call the emergency services.

PHOTO RELEASE FORM AND AGREEMENTS

I/We give full rights to Radiance Dance Studio and its staff to use photos and video images of me or my child to use for promotional purposes of Radiance Dance Studio only. Photos and video will be used in brochures, websites, advertisements, and other promotional material created by Radiance Dance Studio. Photos may appear with or without names in press releases and other print advertising. I/We have read, understand and agree to the above stated waiver of liability, medical and photos releases. I understand I will be held responsible for all tuition, costume payments, and late fees as listed.

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

Despite our careful attention to sterilization, disinfection, and social distancing practices, there is still a chance that you or your child could potentially be exposed to an illness on Radiance Dance Studio's facility. Although Radiance Dance Studio, has taken extra precautionary measures to reduce the possibility for transmission of communicable diseases, there is still a possibility that exposure may occur. Please know that participation in classes, workshops, performances or activities hosted by Radiance Dance Studio are at your own risk.

I/We agree to adhere to Radiance Dance Studio's safety measures and guidelines to help stop the spread of communicable diseases, including Covid-19, also known as the "Coronavirus"

I, for myself, and on behalf of my heirs, assigns, personal representatives, and next of kin hereby release and hold harmless Radiance Dance Studio, it's owners, employees, assistants, guest artists, and or students, with respect to any and all illness, disability, death, or loss of person or property.

I have read, understand and agree to be bound by the above statement.

Student's Name: _____

Parent's Name (Print): _____

Signature: _____

Date (dd/mm/yyyy): _____