

BETHEL DANCE STUDIOS REGISTRATION 2026



STYLE ☐ HIP HOP ☐ MODERN ☐ BALLET
PLEASE TICK ☐ YEARLY ☐ TAP ☐ ACRO
REGISTRATION

STUDENT DETAILS

Surname _____ First Names _____

Date of Birth yy/mm/dd _____ Identity Number _____

School _____

Parent 1 / GUARDIAN / SPOUSE DETAILS

Surname _____ First Names _____

Date of Birth _____ Identity Number _____

Cell Number _____ Email Address _____

Physical Address _____

Postal Address _____

Parent 2 / GUARDIAN / SPOUSE DETAILS

Surname _____ First Names _____

Cell Number _____ Email Address _____

Physical Address _____

Postal Address _____

PERSON RESPONSIBLE FOR ACCOUNT

Surname _____ First Names _____

Cell Number _____ Email Address _____

Physical Address _____

In Case of Emergency – Someone other than above

Surname _____ First Names _____

Cell Number _____ Email Address _____

MEDICAL

Detail any medical concerns, mental or physical, regarding the student:

I, the parent / dancer / Pilates client hereby acknowledge that I have completed and signed the Health Information and Medical Release Waiver Form.

INDEMNITY

I, (PARENT FULL NAMES AND SURNAME) _____

the parent/guardian of (DANCER NAME): _____

herewith indemnify and hold blameless Bethel Dance Studios, it's staff, personnel, affiliates or any appointed workers from any legal liability in respect of any actions or claims by myself, my dependents' or the above-named student, on my behalf or on behalf of the above-mentioned student for the duration of all time spent on the premises where activities take place. I acknowledge that such indemnity shall be valid and apply whether such death, injury or loss occurred resulting from any action or omission whether deliberately, recklessly or negligently performed or omitted.

I hereby agree that this is a binding contract valid until such time that I submit, in writing, a one-month notice of withdrawal from Bethel Dance Studios and I understand that I am responsible for full payment of fees invoiced for the entire notice period.

I hereby acknowledge that I have completed and signed the Health Information and Medical Release Waiver Form.

SIGNATURE _____ DATE _____

RESIGNATION DATE _____ OUTSTANDING FEE _____

BETHEL DANCE STUDIOS
HEALTH INFORMATION AND MEDICAL RELEASE / WAIVER FORM

I, (PARENT NAME) _____

the parent/guardian of (DANCER NAME): _____

acknowledge that participation in dance / Pilates is potentially dangerous and there is an inherent risk of injury involved.

In allowing myself / my child to participate in Bethel Dance Studios activities, I hereby assume all the risks associated with the performing arts / physical exercise. I understand the importance of myself and my child following the instructions and rules set by their instructor/s. I herewith indemnify and hold blameless Bethel Dance Studios, its staff, personnel, affiliates or any appointed workers from any legal liability in respect of any actions or claims by myself, my dependants or the above-named student, on my behalf or on behalf of the above-mentioned student for the duration of all time spent on the premises where activities take place. I acknowledge that such indemnity shall be valid and apply, whether, such death, injury or loss occurred as a result of any action or omission whether deliberately, recklessly or negligently performed or omitted and I agree to release Bethel Dance Studios and the employees thereof of any and all liability which may arise as a result of my child's participation.

Parent/Guardian Signature _____

Signed at _____

Date _____

RELEASE FORM FOR PHOTOGRAPHY AND VIDEOGRAPHY

I, the undersigned, give permission for Bethel Dance Studios to use video footage and / or

(DANCER NAME):

photographs of my child / ward,

This usage may include, but is not exclusive to, displaying publicly, distributing, or publishing, photographs, and/or video of myself / my child for use in materials that include, but may not be limited to:

- printed materials e.g. brochures and newsletters
- online and offline advertising and promotion
- videos and digital images such for use on Social Media

By signing this form, I acknowledge that I am giving permission for myself / my child's image to be used in print, video, and digital media. I agree that these images may be used by Bethel Dance Studios for a variety of purposes and that these images may be used without further notification. I do understand that identifying information such as location may be used in conjunction with any video or digital images.

Parent/Guardian Signature

Signed at

Date

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RELEASE FORM FOR PHOTOGRAPHY AND VIDEOGRAPHY

I, the undersigned, understand that as part of my child / ward performing in a public domain, Bethel Dance Studios cannot control the use, distribution and publishing of photography and videography, as used by the public. As such Bethel Dance Studios cannot be responsible for the unauthorized use of any such photos or videos taken of my child / ward,

(DANCER NAME):

This usage may include, but is not exclusive to, displaying publicly, distributing, or publishing, photographs, and/or video of my child.

By signing this form, I acknowledge that I will not hold responsible Bethel Dance Studios for my child's image if used in print, video, and digital media. I do understand that identifying information such as location may be used in conjunction with any video or digital images.

Parent/Guardian Signature

Signed at

Date