



## Stage Door Dance Arts Studio Visit Form

Thank you for visiting Stage Door Dance Arts! We are thrilled to have you in our family. We want to gather a little information from you, so that we know who our visitors are, and so that we can follow-up with you to gather feedback about your experience. Please let us know if we can answer any questions for you, today, or in the future.

Date of visit: \_\_\_\_\_ Type of Class Visited: B/T Combo Ballet Tap Jazz Hip-Hop Modern Other

Parent/Guardian Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Family Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Name(s): \_\_\_\_\_ Date(s) of Birth: \_\_\_\_\_ Age(s): \_\_\_\_\_

Gender: M / F Student Phone (if any): \_\_\_\_\_ Student Email (if any): \_\_\_\_\_

How did you hear about SDDA? \_\_\_\_\_

Any allergies or medical conditions we should be aware of: \_\_\_\_\_

Summary of previous dance experience, if any: \_\_\_\_\_

By signing below, I expressly authorize my child to participate in dance instruction given by Stage Door Dance Arts, LLC (SDDA). I acknowledge that I understand the nature of the activities my child will be participating in and the possibility that despite precautions, accidents and/or physical injury, though rare, could occur. I understand the COVID remediation policies, and I accept the risk that my child could be exposed to COVID by being in any public place.

I/we agree to release and hold harmless SDDA, including its teachers, and staff members, from any cause of action, claims, or demands now and in the future. I/we will not hold Stage Door Dance Arts, LLC liable for any personal injury or any personal property damage or loss, which may occur on the premises before, during, or after class.

I authorize and agree that SDDA may take and use photographs, videos, or likenesses of myself or my child as needed for its record keeping, advertising, social media and/or public relations projects and that I have no rights to the same and will not be compensated.

Upon enrollment, I agree to make myself familiar with, and to comply with, the written policies of SDDA, documented online at [www.stagedoordancearts.com/handbooks](http://www.stagedoordancearts.com/handbooks).

My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability pursuant to the terms herein, and agreement as to all terms and conditions contained above. I am of lawful age and competent to sign this affirmation.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
SDDA Acceptance

\_\_\_\_\_  
Date Signed