

# Pancyprian Association Inc., Dance Division, NY

# Registration Form

23-15 31<sup>ST</sup> Street, Astoria, NY 11105

[info@pancypriandance.com](mailto:info@pancypriandance.com)

(Please print)

Today's Date:        /        /

## DANCER'S INFORMATION

First Name:	Last Name:	Middle Name:
-------------	------------	--------------

Street Address:	Home Phone: (    )	
	Cell Phone: (    )	
City:	Work Phone: (    )	
State:	Zip Code:	E-mail Address:

Birth Date:        /        /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
-------------------------------	------	--

Medical Restrictions:

---

---

## TO BE COMPLETED IF DANCER IS UNDER 18 YEARS OF AGE

Parent/Guardian's First Name:	Parent/Guardian's Last Name:	Middle Name:
-------------------------------	------------------------------	--------------

Street Address: (if different from above)	Home Phone: (    )	
	Cell Phone: (    )	
City:	Work Phone: (    )	
State:	Zip Code:	E-mail Address:

## IN CASE OF EMERGENCY

Name of Parent/Guardian/Relative:	Relationship to Dancer:	Cell Phone:
-----------------------------------	-------------------------	-------------

## FOR OFFICE USE ONLY

Date:	Registration Fee:	<input type="checkbox"/> Check #:	<input type="checkbox"/> Cash:
-------	-------------------	-----------------------------------	--------------------------------

NOTE:

**PLEASE SIGN THE LIABILITY DISCLAIMER ON THE BACK OF THIS FORM.**

# Pancyprian Association Inc., Dance Division, NY

23-15 31<sup>ST</sup> Street, Astoria, NY 11105

[info@pancypriandance.com](mailto:info@pancypriandance.com)

## Waiver Release of Liability

DISCLAIMER: Pancyprian Association Inc. Dance Division NY is not responsible for any injury, illness, loss of property, to any person while practicing, training, taking class, competing, participating, special events, demonstrations or shows, or in any other way involved in our facility, for any reason, what so ever, including ordinary negligence on the part of Pancyprian Association Inc. Dance Division, its owners, agents, volunteers or employees.

In consideration of my child's, guest's and/or my participation, I hereby release and covenant not to sue Pancyprian Association Inc. Dance Division, any parent organization, any employees, teachers, agents or volunteers from any and all present and future claims resulting from ordinary negligence on the part of Pancyprian Association Inc. Dance Division or others listed for property damage , personal Injury, or wrongful death, arising as a result of my engaging in or receiving instruction in traditional Cypriot and/or Greek Dances or any other activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, which may be made by me , my family, estate, heirs or assigns.

I further agree to indemnify and hold harmless Pancyprian Association Inc. Dance Division and all others listed for any and all claims resulting of my child's, guest's or my own engagement in or receiving instruction at Pancyprian Association Inc. Dance Division and activities or any activities thereto , whenever, wherever, or however the same may occur. Further, I hereby agree to indemnify, defend, and save harmless Pancyprian Association Inc, and its agents from any and all claims, demands causes of action, actions, lawsuits, or judgments of any kind whatsoever arising out of or in any way related to my child's, guest's or my own presence at or use of the facilities at Pancyprian Association Inc.

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the state of New York and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the state of New York. I affirm that I am of legal age or the parent, guardian or custodian of the aforementioned child in question and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies which may be available to me for the ordinary negligence of Pancyprian Association Inc. Dance Division or any person listed above. As a legal guardian, I hereby agree to individually provide for any possible future medical expenses, which may be incurred by my child as a result of any injury sustained while training or performing at or for Pancyprian Association Inc. Dance Division.

I further understand that Pancyprian Association Inc. Dance Division and/or its affiliates may take and use photographs of my family members during class, parties, exhibitions and competitions for commercial purposes without further compensation to my child or myself.

I have read and understand the policies regarding tuition payment, service charges, registration fees, refunds, withdrawals, make ups, uniforms and discounts.

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date