



The Edge Performing Arts Centre
721 Main St.
Winfield, Kansas 67156
620-229-9300
dance@theedge.kscoxmail.com

Sign-Up Date: _____

Summer Camp Registration – Bluey Camp June 8-9, 2024 – 2:00-4:00 PM

Student Information

Student's Name: _____ Date of Birth (MM/DD/YYYY): _____

Mailing Address: _____

Primary Phone: _____ Phone (2): _____

Name of Person responsible for payment _____

Primary Email Address: _____

Primary Billing Phone #: _____

T-Shirt Size _____

Medical

Allergies: _____

Will your child require any special medical attention during a normal class? (yes/no) _____

If yes – Explain: _____

Emergency Contact Information

Name: _____ Relationship to Student: _____

Address: _____

Primary Phone: _____ Phone (2): _____

For Staff Use Only

Account Opened

Paid in Full

Method of Payment: _____

Processed by: _____

Notes: _____

The Edge Performing Arts Centre

721 Main, Winfield, Kansas 67156
(620) 229-9300

Waiver and Release

I hereby waive all claims for injury, damage, loss or theft to my person and property during my participation in "The Edge Performing Arts Centre" classes, events or any time you are at the Studio and release the promoters, directors, principals, agents and employers of "The Edge Performing Arts Centre" organization from any liability for injury, damage, loss, or theft which may be caused by any act or omission of any of those mentioned. I understand that the purposes of "The Edge Performing Arts Centre" events are to provide performing experience in various forms of fine art. These activities may include workshops, rehearsal sessions, competitions, conventions, and performances by the participants. Photographs, recordings, taping or filming of participants by any and all "The Edge Performing Arts Centre" staff member or members of the press become the property of "The Edge Performing Arts Centre" and may be used for future publicity.

Contagious illnesses (such as the flu, colds, or strep throat) spread from person to person in several ways. One way is through direct physical contact, like touching a person who has the infection. Another way is when an infectious microbe travels through the air after someone nearby sneezes or coughs.

The Edge Performing Arts Centre (Edge PAC) cannot guarantee that you or your child(ren) will not come into contact with contagions while attending class at the Edge PAC.

I understand that the risk of becoming ill at the Edge PAC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Edge PAC employees or program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself, including but not limited to illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Edge PAC.

On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Edge PAC and its employees of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I acknowledge the nature contagious illnesses and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by attending the Edge PAC.

By signing, the undersigned participant, and said participant's parent(s) expressly adopt and agree to be bound by the above waiver and release agreement and / or rules. The signature of the parent or guardian is required as a condition of participation in "The Edge Performing Arts Centre" classes, activities and events.

Parent/Guardian's signature:

Date:

Parent/Guardian's name (please print):

Witness:

Child's Name:

Date:

Phone Number:



Photo Release Form for Minors (if under 18)

The Edge Performing Arts Centre has my permission to use my child's photograph publicly to promote the dance studio. I understand that the images may be used 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 by reason of such use.

Parent/Guardian's signature:

Date:

Parent/Guardian's name (please print):

Child's Name: _____

Phone Number: _____

Photo Release Form for Adults

The Edge Performing Arts Centre has my permission to use my photograph publicly to promote the dance studio. I understand that the images may be used 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 by reason of such use.

Signature:

Date:

Name: (please print):

Phone Number: _____

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(620) 229-9300*

Authorization for Emergency Care

In the event of an emergency, and I cannot be reached, I,

_____, parent/legal guardian of
_____, hereby authorize any
principal or responsible party employed by the Edge Performing Arts Centre
to initiate appropriate medical care by licensed medical professionals.

Signature of Parent or Legal Guardian

Date

Witness

Date