

2016-17 M.U.L. registration

Please print ALL information neatly. Please fill out one form per family as there is ample space to list all dancers on this form.

	DANCER'S NAME	BIRTH DATE (M/D/Y)	AGE	DANCER'S E-MAIL ADDRESS	SCHOOL/GRADE
1 st		/ /			
2 nd		/ /			
3 rd		/ /			

Dancer's Street Address _____
 City _____ State _____ Zip _____

	PARENT'S/ GUARDIAN'S NAME	E-MAIL ADDRESS	HOME PHONE	WORK PHONE	CELL PHONE
Mother					
Father					
Other					

CLASSES REGISTERING FOR _____

WAIVER OF LIABILITY

I, the undersigned parent or legal guardian of the dancer(s) listed above, do hereby give permission for the aforementioned persons to participate in any and all classes, programs, shows and events offered by or attended by Masters, The Upper Level, L.L.C. I accept all risks associated with that participation and understand that there is a full possibility of serious physical illness, injury or death. I hereby covenant not to sue and waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against Masters, The Upper Level, L.L.C. and its officers, owners, directors, employees and/or other assigned representatives or volunteers from any and all liability and for any and all damages and/or injuries which may be sustained or suffered by the dancer(s) listed above while participating at or for Masters, The Upper Level, L.L.C. Furthermore, I hereby give my permission to Masters, The Upper Level, L.L.C. to use photographs and/or videos of the dancer(s) listed above as deemed appropriate for the promotion of Masters, The Upper Level, L.L.C.

INSURANCE & PERMISSION FOR TREATMENT

My signature below indicates my certification that I have medical insurance on the dancer(s) listed above and will maintain continuous medical coverage while he/she dances at Masters, The Upper Level, L.L.C. I also authorize Masters, The Upper Level, L.L.C. and its owners, employees, directors, etc. to use standard first aid procedures on the dancer(s) listed above and to consent any other medical procedure that is deemed necessary in the case of an emergency. Furthermore, I certify that I personally and/or my medical insurance carrier will be responsible for all expenses which are incurred in relation to any injury sustained during any Masters, The Upper Level, L.L.C. related activity including but not limited to a Masters, The Upper Level, L.L.C. class, competition, show, etc. *(Please list your medical coverage info below...make sure that you inform us if this info changes.)*

Insurance Company Name _____ Policy # _____

Masters, The Upper Level, L.L.C. RULES & REGULATIONS

My signature below also indicates that I have read, understand and will abide by all general rules and regulations that are set forth by Masters, The Upper Level, L.L.C. and its owners, employees and directors and any additional rules or requirements as set forth throughout the year.

Parent's Signature _____ Date _____

OFFICE USE ONLY!! Date Registered: ___/___/___ Payment Type: Check # _____ Cash _____ C.C. _____

Masters, The Upper Level, L.L.C. • 4100 Greenbriar, Suite 100 • Stafford, Tx. 77477
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