REGISTRATION APPLICATION

Webster University's Department of Dance
JUNIOR WINTER WORKSHOP
February 16, 2025

Contact Form

Dancer's Preferred Name: _____ Pronouns: _____

State: Date of

_____ Zip Code: _____

10-digit Parent Phone: _____ 10-digit Dancer Phone: _____

Best Email Address: _____

School: _____ Year in School: _____

Where have you received dance training:

_____

How many years have you studied Ballet: _____ Modern: _____ Jazz: _____

Approximately how many hours a week do you dance? _____

How did you learn about this workshop?

_____

Dietary specifications and/or allergies? _____

Registration packet checklist:

- ´ Application
- ´ Photo Release
- ´ Liability Waiver
- ´

Youth Program/Camp Informed Consent, Voluntary Waiver, Release of Liability and Assumption of Risks Form

Program/Camp Information

Program/Camp Name: Webster University Junior Winter Dance Intensive

Date(s): Feb. 16, 2025

Time(s): 9:30 a.m.-4 p.m.

Location: Loretto-Hilton Center, Webster University

Participant Information

Name of Participant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Date of Birth: _____

Gender: ´ Male ´ Female ´ Non-Binary

Note: Please read this document carefully before signing. This fully signed form must be submitted by a parent or guardian before any child is allowed to participate in the above referenced program/camp

I, the undersigned, wish for my Child (hereafter "Child") to participate in the above referenced youth program (hereafter "Program") on the date(s) and location(s) indicated above and, in consideration for my Child's participation, I hereby agree as follow

I acknowledge, understand and appreciate that as part of my Child's participation in the Program there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the youth program may involve risks and dangers, both known and unknown, and have elected to allow my Child to take part in the Program. Therefore I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage arising out of training, preparing, participating and traveling to or from the Program, regardless of whether such injury, loss of life or damage results from the negligence of Webster University or any agent or employee of Webster University.

I, on behalf of my Child, hereby release Webster University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Program Staff and all other directors, employees, volunteers from