



EDGE PERFORMING ARTS CENTER

INTENSIVE REGISTRATION FORM

Intensive Info & Mailing: 6300 Romaine St Ste 120 Los Angeles CA 90038 | P: 323-962-7000 | Fax: 323-962-7303 | E: manager@edgepac.com
Studio: 6300 Romaine St Ste 100 Los Angeles CA 90038 | P: 323-962-7733 | E: manager@edgepac.com

201701

INSTRUCTIONS

Individuals: Complete each section.

Groups: Complete sections 1,2, 3 and 4.

SECTION ONE

Today's Date (MM/DD/YY)

Account Number (office use)

Registering as individual

Registering part of group:

Company Name / Group Name
(same as listed on Intensive Group Form)

SECTION TWO

Female

Male

Date of Birth (MM/DD/YY)
if under 18 yrs

First/Last Name

Street

City

State/Province

Zip/Postal Code

Country

Email

Telephone

Parent / Guardian Name

Parent / Guardian Telephone

Emergency Contact

Emergency Contact Telephone

Souvenir tee size

Girls: Y12, S, M, L, XL
Guys: XS, S, M, L, XL

EDGE 2017 show tickets (JUL 20, 21 & 22)

Registration includes 1 complimentary show ticket. Additional tickets are \$25. Enter the evening you would like to attend plus any additional tickets. If tickets are not available, we will contact you with the best option.

SECTION THREE

RELEASE & WAIVER : SIGN AND DATE

Dancing is a strenuous activity from which injuries could arise. EDGE Performing Arts Center, L.A. DanceForce, Inc., the teachers and employees are not liable for personal injuries, or loss of, or damage to personal property. Each student may decline to participate in any activity. Please inform EDGE and instructor of any physical limitations you may have. If you are in doubt as to your physical abilities, please consult your physician before participating. I, the undersigned, represent that I am physically able to participate in all activities. I hereby authorize any and all medical attention to be administered to myself or child, in the event of accident, injury, sickness, etc., under the direction of EDGE Performing Arts Center, until such time as I or the appointed emergency contact person may be contacted. I assume the responsibility for the payment of any such treatment. I have notified EDGE of any special medical needs or information required for myself or child. I, the undersigned, for myself, my child, my spouse, heirs, legal representatives and assigns, expressly release, waive, discharge and hold harmless EDGE Performing Arts Center, and L.A. DanceForce Inc, its officers, directors, employees, teachers, agents, successors, predecessors, sponsors, legal representatives and assigns from all claims, demands, losses, actions, judgments, suits, executions and liabilities of any kind. In addition, this release is for the entire premises of EDGE Performing Arts Center, including but not limited to common areas, restrooms, changing rooms, studios, offices, sidewalks, stairwells, elevators, parking areas and grounds and any location an activity may be held. PARTICIPANTS 18 YRS AND OVER: I hereby represent that I am at least eighteen (18) years of age, understand and agree to the terms, conditions and policies of EDGE Performing Arts Center. PARTICIPANTS UNDER 18 YRS: I, the undersigned, am the legal parent/guardian of the registrant and agree to the terms, conditions and policies of EDGE Performing Arts Center on their behalf.

Student/Parent/Guardian is aware of EDGE Policies (available in print and on our website)

Signature Student / Parent / Guardian

Date (MM/DD/YY)

SECTION FOUR

FEES

Early Bird (postmarked by June 19, 2017) \$395

Regular (postmarked after June 19, 2017) \$415

Additional show tickets: Qty \$25 per

TOTAL

TOTAL

SECTION FIVE

Check

Visa

MasterCard

Contact for payment info

Do not email credit card information.

Credit Card Number or Contact phone number for payment

Exp Date (MM/YY)

Name on Card

Credit Card billing address if different from registrant address

Street Address

City

State/Province

Zip / Postal Code

Country

Signature