



Registration Form

Student Information:

Name : _____ DOB & Belt Rank: _____

Name: _____ DOB & Belt Rank: _____

Academy: _____

Parents Phone: _____

Emergency Contact/Parent:

Name: _____ Relationship: _____

Work: _____ Cell: _____

Email: _____

Waiver of Injury:

I, the undersigned, do hereby assume full responsibility for any and all damages, injuries or losses that I may sustain or incur, if any, while participating in activities at Nove Nove LLC. I hereby waive all claims against the owners, operators, instructors or other students of Nove Nove LLC for any claim for injuries that I may sustain. I agree to adhere to all tuition and studio policies of Nove Nove LLC as outlined on the attached sheet.

Media Waiver:

1. As the student, legal parent or guardian of the student, I understand that Nove Nove LLC occasionally uses photographs of classes/recitals/productions for publicity purposes.
2. By signing this form I give Nove Nove LLC my consent to release photographs and video of student for publicity purposes. (examples: Facebook, Twitter, Print advertisements, webpage)

Signature: _____

Date: _____