

Dance Registration Form February 16—May 5

Festival May 9, 2026

Please complete one registration for each person and return with payment to:

First Friends Church, Attn: Sports and Recreation Office
5455 Market Ave. N, Canton, OH 44714

Last Name _____ M ___ F ___

First Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ cell home work

Phone _____ cell home work

Birth Date _____ Age _____

Mother's Name _____

Father's Name _____

Email _____

Please print clearly

Please mark appropriate box:

Cost

☐ Creative Movement/Ballet 1 age 5-6

\$90.00

☐ Creative Movement/Ballet 1 age 7-8

\$90.00

☐ Ballet 2 age 9+

\$90.00

☐ Hip Hop 1 Age 6-8

\$90.00

☐ Hip Hop 2 Age 9+

\$90.00

See First Friends Sports website for Refund Policy.

Winter/Spring Session Only: Costume Fee TBD (will be discussed at the parent meeting on January 20 at 7pm)

Uniform required. Items available to order and sizing will be done at Parent Meeting and during first week of classes. Payment due at time of purchase/order. Check website for what is required for each class.

Parent Meeting January 20 at 7pm.

Waiver and Informed Consent Statement

In consideration of my or my child's participation in the activities of First Friends Church, I do hereby declare myself or him/her to be medically able to participate in the dance activities offered by First Friends Church. I understand that there are risks which may include disabling injury and/or death involved in all physical activities and I agree to familiarize myself with all equipment, facilities, rules and physical demands related to the activities undertaken. I agree to hold free from any and all liability the First Friends Church and its respective officers, employees, members, volunteers, and sponsors and do hereby for myself, my heirs, executors and administrators waive, and release and forever discharge any and all rights and claims for damages which myself or my child may have or which may accrue to myself or him/her arising out of or connected with my or his/her participation in any of the activities of the First Friends Church. I have been appraised of and acknowledge the particular hazard and potential danger involved in my or my child's participation in the 2026 dance classes. I hereby authorize First Friends Church to use, reproduce, distribute, display, and to license others to use, reproduce, distribute, and display, my child's image, and photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communications of First Friends Church for the sole purpose of advancing First Friends Dance Studio Ministry programs.

EMERGENCY PROCEDURE INFO.

Person to contact in emergency:

Phone _____ Home Work Cell

Phone _____ Home Work Cell

Second contact in emergency:

Phone _____ Home Work Cell

Phone _____ Home Work Cell

Please list any allergic reactions, serious injuries or special medical procedures. _____

Hospital Preferred _____

Doctor _____

Dentist _____

I have read the **Waiver and Consent** and I give my permission to the staff to secure a licensed physician in the case of an emergency to provide the necessary care.

Signature and Date