

Registration Form

Please print and fill out completely

Today's Date: ____/____/____

STUDENT'S INFORMATION

1) First _____ Last _____ DOB: ____/____/____
Age _____ Male _____ Female _____
Address _____ City _____ State _____ Zip _____
Home (____) _____ - _____ Student's Cell (____) _____ - _____ Email _____
School _____ Town _____
Any health related issues/limitations? _____
Any food allergies? _____

Class 1 _____ Day _____ Time _____ Hours _____
Class 2 _____ Day _____ Time _____ Hours _____
Class 3 _____ Day _____ Time _____ Hours _____
Total Hours _____
Total Monthly Tuition \$ _____
Registration Fee (non-refundable) \$ _____

2) First _____ Last _____ DOB: ____/____/____
Age _____ Male _____ Female _____
Address _____ City _____ State _____ Zip _____
Home (____) _____ - _____ Student's Cell (____) _____ - _____ Email _____
School _____ Town _____
Any health related issues/limitations? _____
Any food allergies? _____

Class 1 _____ Day _____ Time _____ Hours _____
Class 2 _____ Day _____ Time _____ Hours _____
Class 3 _____ Day _____ Time _____ Hours _____
Total Hours _____
Total Monthly Tuition \$ _____
Registration Fee (non-refundable) \$ _____

PARENT/GUARDIAN 1

First Name _____ Last Name _____ Relation _____
Address _____ City _____ State: _____ Zip: _____
Cell (____) _____ - _____ Home (____) _____ - _____ Work (____) _____ - _____
Email _____

PARENT/GUARDIAN 2

First Name _____ Last Name _____ Relation _____
Cell (____) _____ - _____ Home (____) _____ - _____ Work (____) _____ - _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____ Phone (____) _____ - _____
PCP _____ Office _____ Phone (____) _____ - _____
Insurance Carrier _____ Plan # _____
Additional Information/Phone #s _____

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FINANCIAL AGREEMENT

I _____, agree to pay Studio A Dance Company for all fees and charges incurred during this dance year by cash or check (Recreational Students – September to June; Competitive Students – September through the next 12 months). If fees are not received by the due date and/or if tuition is not paid by the 10th of the month an automatic charge will be assessed to my credit/debit card (which will include an additional 2% surcharge fee) that Studio A Dance Company has on file.

DEBIT/CREDIT CARD INFORMATION

Type of Card _____ Card Number _____
Name on Card _____ Billing Zip Code _____
Monthly Tuition to be paid by: cash check card (surcharge will be applied)

AUTHORIZATIONS, RELEASES, AND ACKNOWLEDGEMENTS

I _____, for myself and as the duly authorized parent and/or legal guardian of
1) _____, 2) _____ age(s) 1) _____ 2) _____, do hereby

MEDICAL AUTHORIZATION

authorize Studio A Dance Company to transport my child and /or ward to a doctor, hospital or other health care facility and to act in my place to obtain medical or hospital treatment.

RELEASE OF LIABILITY/INDEMNITY FOR PERSONAL INJURY

release Studio A Dance Company, it's owners, instructors, employees, from any and all liability for personal injury to me and/or my child and/or ward as the result of any negligence arising out of or in the course of or in any way related to my child's use of the facilities, equipment, apparatus' or premises of Studio A Dance Company and/or me or my child's participation in any class, program, competition or other event organized, run and/or sponsored by Studio A Dance Company, whether at its facilities or elsewhere. On operators, instructors, employees, from any and all claims, damages, demands, costs, expenses and compensation arising out of or in the course of or in any way related to any personal injury to me or my child.

USE OF IMAGES/NAME IDENTIFICATION

authorize Studio A Dance Company to use images of me and/or my child and/or ward, both with and without name identification, for Studio A Dance Company publicity, promotional and advertising purposes and release any and all claims and/or rights I and/or my child and/or ward might have as a result.

ACKNOWLEDEMENT OF ACTIVITY RISKS

acknowledge my understanding and acceptance of the following:

1. That the classes offered by Studio A Dance Company include active dancing, tumbling, and stunting which can result in injury to participants and/or spectators;
2. That Studio A Dance Company provides an observation area and that I have the option to remain in the observation area while my child and/or ward is in a class or performing;
3. That in the event I choose to leave my child and/or ward before, during or after a class, program, competition or other event organized, run and /or sponsored by Studio A Dance Company, I attention and, if so, to use its discretion in transporting my child and/or ward, selecting a health care facility and obtaining treatment for him/her;
4. That in my absence Studio A Dance Company does NOT assume any responsibility for the care, custody, control, condition, health or well being of my child and/or ward.

ACKNOWLEDGEMENT OF RULES AND POLICIES

acknowledge that Studio A Dance Company has rules and policies in place regarding safety, use of facilities, conduct and the like. I have reviewed all currently in place (copies always available at Studio A Dance Company facilities). I understand that failure to follow the rules in Studio A Dance Company's discretion may result in revocation of all privileges provided by Studio A Dance Company without refund of any prepaid fees, tuition, or deposits of any kind.

I have read the foregoing **AUTHORIZATIONS, RELEASES AND ACKNOWLEDGEMENTS** and have been given an opportunity to speak with a representative of Studio A Dance Company before signing below.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ **Date** ____/____/____