# Philly's Got Dance

**Student Registration Form:**

4226 Spruce Street ◯

3359 Friendship St ◯

4305 Locust St. ◯

**STUDENT INFORMATION:** **DATE:**________________________

Student's Name: _____________________________________ Birth Date: ______________ Age: ______

Nick Name: _____________________________________ Shirt Size ___________

School: _______________________________________________________ Grade: ____________________

Home Address: _______________________________________ City: ______________________________

Zip Code: ___________________ Home Phone Number: _______________________________________

**PARENT(S)/GUARDIAN(S) RESIDING WITH CHILD**

1. Name: ______________________________________ Relationship to Child: ______________________

Cell Phone: (______) _________________________ Work Phone: (______) ________________________

E-Mail: _____________________________________

2. Name: ______________________________________ Relationship to Child: ______________________

Cell Phone: (______) _________________________ Work Phone: (______) ________________________

E-Mail: _____________________________________

Preferred way for receiving updates: check all that apply

Text (_____) Email (___)

ALL PERSONS AUTHORIZED TO PICK UP CHILD:

1. Name: ________________________ Relationship to Child: ______________ Phone: _______________

2. Name: ________________________ Relationship to Child: ______________ Phone: _______________

3. Name: ________________________ Relationship to Child: ______________ Phone: _______________

**CLASS PARTICIPATION: If your child is *ONLY* taking 1 class**

Class Name (i.e. jazz, ballet, or hip-hop, gymnastics)

1. ________________________________

**How did you hear about our studio?** _____________________________________________________

If referred, what is the parent and child(ren) name? _________________________________________

**Previous Dance Training?**

Please list prior dance experience (i.e. number of years, technique studied, teachers, etc.):

______________________________________________________________________________________

______________________________________________________________________________________

**Is there anything that we should know about your child? (i.e allergies, shy)**

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

**PAYMENT INFORMATION (Check One)**

1 STYLE OF DANCE ___________$50.00 Monthly

2 STYLES OF DANCE ___________$85.00 Monthly

1 STYLE w-Gymnastics _________$0.00 Monthly (temp unavailable)

3 STLYES +Gymnastics _________$0.00 Monthly (temp unavailable)

Gymnastics Only ____________ $0.00 Monthly (temp unavailable)

Boys Hip Hop 6+ _____________ $ 50.00 Monthly

Payment Plans:

**Plan A:** Payment on the 1st day of practice of every month, due prior to the start of class.

**Plan B:** Payment bi-weekly, due the 1st and 3rd week of class, prior to the start of class

**Registration Fees:**

New Student: $35 Returning Student: $20

Family: $50

**(Plan A or Plan B) monthly or bi-weekly**

I have chosen payment plan _____. Registration Fee: $______ Monthly Tuition: $_______

I understand that one make-up class is permitted for each class my child misses. Make-up classes must be taken within 30 days at location of your choice. I also understand that all fees paid are nonrefundable and nontransferable. **There will be a $10 late fee charged PER week**. There is a $30 returned check fee.

PERSON RESPONSIBLE FOR PAYMENT:

PRINT NAME: ______________________________

SIGNATURE: ______________________________________

DATE: _____________________

RELATIONSHIP TO STUDENT: _____________________________________

RELEASE AND AUTHORIZATION:

Name of Student: ___________________________________________________ Indicated in the space below are any health problems or conditions of which the studio should be aware (such as heart, back, medical, allergy, muscular, pregnancy, diabetes, epilepsy, chemical or neurological condition, special medication, knee/kidney/shoulder problems, etc.). I understand that risk of injury is inherent in any physical activity and I, on behalf of myself and my child, knowingly and voluntarily accept that risk. I, the undersigned, for myself, my heirs, administrators, and executors, hereby waive and release Philly's Got Dance Studio of Dance, Inc. and its staff from any and all claims or damages of any kind arising out of my child's participation in the exercise and/or dance program of Philly's Got Dance. I further certify that the aforementioned student is in proper physical condition to participate in the exercise/dance program and that he/she has been examined by a licensed physician and found to be in proper physical condition to participate in said program. I, the undersigned, do hereby authorize LaVonda Jenkins or her designated agents (being teachers or administrators employed by Philly's Got Dance) to obtain medical treatment for my said child in emergency situations where I cannot be reached in time to authorize the treating physician to provide such emergency medical services. I understand that I am responsible for any medical expenses and that the absence of health insurance does not make Philly's Dance responsible for payment of medical expenses. This authority includes the power to authorize any and all treatment deemed necessary under the circumstances by a licensed physician. This power is in essence a power of attorney and shall remain in effect for one year from the date signed below.

SIGNATURE OF PARENT/GUARDIAN: ________________________________________
DATE: ____________

EMERGENCY INFORMATION

Physician: ___________________________________ Hospital Preference: _________________________

Insurance Company Policy No.: ____________________________________________________________

Allergies (food, medicine, etc): ______________________________________________________________

Additional Information/Comments (i.e. blood transfusions, etc): _________________________________

_________________________________________________________________________________________