

Dance Registration for the 20__ - 20__ Season

Student/s First & Last Name _____ Date of Birth/s _____

Address _____

City _____ State _____ Zip _____ Student Cell/Text Number _____

Parent/Guardian Name _____

Cell _____ Email _____

Parent/Guardian Name _____

Cell _____ Email _____

Allergies or Pertinent Medical Information _____

EMERGENCY CONTACT- In case parent/guardian is unavailable

Name _____ Phone _____ Relation _____

*I grant permission to the staff of the dance Studio to take first aid or emergency measures as judged necessary for the care and protection of my child while under the supervision of the Studio. In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the emergency unit deems it necessary. I understand that in some medical situations the staff will need to contact the emergency resource before the child's parent, or other person acting on the parent's behalf. I also understand and agree that the child's parents or legal guardians shall be responsible for any expenses incurred. As the parent/legal guardian of _____, I agree to hold harmless from any and all liability the Studio, its officers, employees both in their professional capacity and personally for all injury or illness resulting from or in any way connected with his/her participation in the classes, activities or special events at the Studio. I understand that it is the Studio's policy that while under the supervision of the Studio no child is allowed to leave the premises without a parent/legal guardian or the written permission of a parent/legal guardian and that the parent/legal guardian assumes full responsibility for the actions and behavior of the child. Parents/legal guardians give their permission to the Studio to use photos and or video of their child without payment in connection with the Studio publications, advertising, tv and news coverage, registration is for the full August to June dance season: payments are not prorated and are non-refundable. *For more information please visit our website and review our guidelines.*

Signature of Parent/Legal Guardian _____ **Date** _____

Class Day	Class Time From/To	Class Name	Teacher	Class length (Minutes)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
			Total Mins/Wk	
			Total Hrs/Wk	

Annual Registration Fee \$ _____

Monthly Fee \$ _____

Discount \$ _____

Total Due at Registration \$ _____

Office Use Only: Paid in Full Auto Pay Form Completed Scholarship Payment Plan In System
 Liability Form Completed Autopay from _____ to _____ Revised 7/13/22