

2009-2010 Registration Form

New student registration \$35.00

Returning student registration \$30.00

If you have more than one dancer in your immediate family, the additional fee is \$5.00 per child. Please fill out one form per family as there is ample space to list all dancers on this form.

Dancer's Name	Birth date/Age	T-Shirt Size
1.		
2.		
3.		

Home Address _____ Home Phone _____
 City _____ State _____ Zip _____

	Name	e-mail	Cell Phone/Work phone
Mother			
Father			
Other			

Preferred E-Mail Address _____

Please Note: Almost 100% of our correspondence is electronic. If you do not check your e-mail address regularly, please let us know. You should also check the bulletin board in the lobby for regular announcements.

Do you want to receive a monthly statement with copies of invoices? _____ (please note: There is a \$5.00 administration fee for this service)

Waiver of Liability

I, the undersigned parent/legal guardian of the dancer(s) listed above do hereby give permission for the aforementioned persons to participate in any class, programs, shows and events offered by or attended by Studio 413. I accept all the risks associated with that participation and understand that there is full possibility of serious physical illness, injury or death. I hereby covenant not to sue and waive, release and forever discharge any and all right and claims and damages, which may arise now and in the future against Studio 413, its officers, owners, directors, employees and/or other assigned representative or volunteers from any and all liability for any and all damages and/or injuries that may be sustained or suffered by the dancer(s) listed above while participating at or for Studio 413. Furthermore, I hereby give my permission to Studio 413 to use photographs and/or videos of the dancer(s) listed above as deemed appropriate for the promotion of Studio 413.

Insurance and Permission for Treatment

My signature below indicates my certification that I have medical insurance on the dancer(s) listed above and will maintain continuous medical coverage while he/she dances at Studio 413. I also authorize Studio 413 and its employees, owners and directors, etc. to use standard first aid procedures on the dancer(s) listed above and to consent any other medical procedure that is deemed necessary in the case of an emergency. Furthermore, I certify that I personally and/or medical insurance carrier will be responsible for all expense which is incurred in relation to any injury sustained during any Studio 413 related activity included but not limited to class, competition, show, etc. (please list your medical coverage information below. Please make sure that you inform Studio 413 if any of this information changes).

Insurance Company _____ Policy Number _____

Studio 413 Rules and Regulations

My signature below indicates that I have read, understand and will abide by all the rules and regulations set forth by Studio 413 and its owners, employees and directors and any additional rules or requirements as set forth throughout the year. **I understand that by registering for classes I am agreeing that my child/dancer will be required to participate in the Spring Show for Studio 413.**

Parent/Legal Guardian Signature

Date

OFFICE USE ONLY

Date Registered _____

Payment Type:

Check _____

Cash _____

Classes Registered: Please fill in this part. Thanks!

<u>Child #1</u>	<u>Child #2</u>	<u>Child #3</u>

Monthly Tuition: _____

___ DM

___ QB

___ Google