

CREATIVE DANCE STUDIO
REGISTRATION FORM
2016 - 2017

Date _____
Registration _____
Tuition _____
Costume _____
Recital Fee _____
Family _____

ACH___ SD___ QB___

[] New Student

[] Returning Student

Name _____
First Middle Last

Date of Birth: _____ School Grade (Aug 2016) : _____ Age (Aug 2016) _____

Previous Training [] No [] Yes If "Yes", with whom: _____

Has completed _____ years of dancing

Mother's Name: _____ Mother's Cell # _____

Father's Name: _____ Father's Cell # _____

Home Phone: _____

Address: _____ Zip _____ Code: _____

E-Mail _____ Address: _____

If this is your first time registering, where did you hear about us? (Please check all that apply)
[] Yellow Pages [] Newspaper [] Parades [] Clipper Magazine [] Facebook [] Referral

Referred by: _____

Please check the following dance subjects in which you wish to enroll:

Combination class (ballet/tap) Ages 2 to 6 Office Use:

Kids Bop (hip hop) Ages 4 to 6 Office Use:

Combination class (lyrical/tap/jazz) (ages 7+ up) Office Use:

Jazz / Hip-Hop Class (ages 7+ up) Office Use:

Musical Theatre (ages 7+ up) Office Use:

Ballet Class (ages 7+ only) Office Use:

Pre Pointe / Pointe (must have teacher recommendation) Office Use:

Boys / Hip Hop Office Use:

Tumbling Office Use:

*A minimum of 10 students is required to make a class - if ten students are not signed up for the class, the students will be given first option to move into another class.

*****PLEASE COMPLETE THE INFORMATION ON THE REVERSE OF THIS FORM*****

Personal Physician Name and Phone:

In case of emergency contact:

Relation: _____ Phone: _____

1. Any limitation in ability to participate due to medical condition must be noted on this form. Failure to note such condition is warranty by the parent that such condition does not exist.

2. In the event of an accident or illness involving _____, I will be notified immediately. In the event I cannot be contacted, I hereby designate _____ as the person to be contacted. In the event that neither of us contacted, I hereby authorize Creative Dance to take any steps necessary to make medical attention available, including physicians, hospital or any other medical services and I further agree that the cost of such medical services shall be borne exclusively by myself.

3. In consideration of my participation in Creative Dance Studio training, I hereby release Creative Dance, any studio owner, and any studio instructor, assistant, employee, or volunteer from any liability now or in the future including but not limited to muscle strains, pulls or tears, broken bones, shin-splints, foot injury, heart attack, and any other illness or injury occurring during or after participation in the dance program.

Signature: _____

Date: _____

Creative Dance Studio registration is considered to be complete only when returned to the Studio Office with the non-refundable registration fee and a completed ACH form for recurring payment authorization.