



2020-2021 Registration Form

FOR OFFICE USE ONLY
Date
Registration \$
Tuition \$
Costume \$
Recital Fee \$
Family
ACH SD QB

[] New Student [] Returning Student

Name First Middle Last

Date of Birth: School Grade (fall 2020) Age (as of 9/30/20)

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

Student has completed years of dancing.

Mother/Guardian Name: Cell #

Father/Guardian Name: Cell #

Address: Zip Code:

E-Mail Address: (Please Print Clearly)

If this is your first time registering, where did you hear about us? (Please check all that apply)

[] Facebook [] Instagram [] Google [] Clipper Magazine [] Parades [] Referral

Referred by:

Please check the following dance subjects in which you wish to enroll: Class Day/Time/Studio

[] Ballet/Tap Combination Class (ages 2 to 6) Office Use:

[] Kids Bop Hip-Hop Class (ages 4 to 6) Office Use:

[] Lyrical/Tap/Jazz Combination class (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:

[] 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*****

1. I verify that my son/daughter is in good health, with no medical conditions that may prevent his/her participation in the activities offered by Creative Dance Studio. Below, I have clearly listed any known allergies or medical conditions to the best of my knowledge:

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.

Emergency contact (*Other than parents*): _____

Relation: _____ Phone: _____

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.
4. I give full rights to Creative Dance Studio and its staff to use photos and video images of me, or my child to use for promotional purposes of Creative Dance Studio only. Photos and video may be used in brochures, websites, advertisements, and other promotional material created by the studio. Photos may appear with or without names in press releases and other print advertising.
5. I have read, understand and agree to the above stated waiver of liability, medical and photo releases. I understand I will be held responsible for all tuition, costume and recital fee payments, as well as any NSF or late fees that may have incurred.

Parent 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.