



REGISTRATION FORM 2011-2012

Student's name \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Email \_\_\_\_\_

Parent's or legal guardian's names \_\_\_\_\_

Home Address: Street \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: [\_\_\_] \_\_\_\_\_  
Cell Phone: [\_\_\_] \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_ Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Does the student have any allergies or restrictions? Yes /No If yes, please explain: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Has the student had any previous dance training? Yes No

Name(s) of current or previous dance school(s) \_\_\_\_\_

Please list the class(es) your child will be enrolling in:

Class Day/Time: \_\_\_\_\_ Class Day/Time: \_\_\_\_\_  
Class Day/Time: \_\_\_\_\_ Class Day/Time: \_\_\_\_\_  
Class Day/Time: \_\_\_\_\_ Class Day/Time: \_\_\_\_\_  
Class Day/Time: \_\_\_\_\_ Class Day/Time: \_\_\_\_\_

**Billing Information**

Person Responsible for Billing: \_\_\_\_\_ Relationship: \_\_\_\_\_

Billing Address: Street \_\_\_\_\_ Home Phone: [\_\_\_\_] \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

*All students will be set up on an automatic debit system.*

*Monthly Tuition in the amount of \$ \_\_\_\_\_ will be charged on the 1st of every month.*

*Starting Month: \_\_\_\_\_ Ending Month: \_\_\_\_\_ June \_\_\_\_\_*

**Automatic Payment Options:**

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Check Routing # \_\_\_\_\_ Account # \_\_\_\_\_

\*\*\*You may also attach a voided check.

*As a convenience, also use the above payment method for costume/recital fees/competition fees.*  Do  Do Not

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Release of Liability**

As the legal parent or guardian, I release and hold harmless Signature Dance Academy, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Signature Dance Academy, its owners and operators or in route to or from any of said premises.

**Medical Emergency**

The undersigned gives permission to Signature Dance Academy, its owners and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health.

**Payment and Tuition Information**

Tuition is due by the first of each month. There will be a \$10.00 late fee applied to the account balance for payments received after the tenth. There is a \$25.00 returned check charge for any checks returned by the bank. Tuition is based on a breakdown of 10 payments, we do not prorate months for missed days, holidays or school vacations.

*I've read all of the above and the Studio Policies and agree.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_