



REGISTRATION 2009/2010

Fall
 Summer

**PARENT / GUARDIAN
 Financial Party**

First Name: _____ Last Name: _____
 Address _____ City _____ State _____
 Zip _____ Relationship to Student _____ Employer _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Email _____ **Were you Referred Y/N** By Who _____
 How Did You Hear About Us? _____

**PARENT / GUARDIAN
 2nd Contact**

First Name _____ Last Name _____
 Address _____ City _____ State _____
 Zip _____ Relationship to Student _____ Employer _____
 Home Phone _____ Cell Phone _____ Work Phone _____

**STUDENT
 INFORMATION**

First Name _____ Last Name _____
 Address _____ City _____ State _____
 Zip _____ Birthday _____ School _____ Grade _____
 Phone _____ Cell Phone _____
 Returning Student _____ Years at Studio _____ New Student _____ (check one)

Class	Day	Time	Length of Class	Tuition

Notes:

Total Tuition	_____	# _____ Installments of \$ _____ each
Discount Total	_____	Registration Fee
Total After Discount	_____	Total Paid

Date _____ Amount \$ _____ PIF / M/C / Visa Check/Cash # _____ Initials _____ Mail Code _____

MEDICAL / EMERGENCY CONTACT INFO

Emergency Contact Person: _____ Phone _____ Relationship _____

Physician: _____ Phone _____

List all medications: _____

List all allergies (medicine, food, insect, plant): _____

Check all that apply: Asthma ___ Autism ___ Heart Trouble ___ Epilepsy ___ ADD/ADHD ___

Please list anything we should know: _____

Insurance Company: _____ ID# _____ Group# _____

CONSENT AND RELEASE

24/7 Dance Studio requests that each student enrolled consult with a physician with respect to any past or present illness or injury that may affect his/her participation in and ability to endure the dance program.

I hereby waive and release 24/7 Dance Studio and its officers, agents, volunteers, and employees from all acts or omissions resulting in any physical injuries, medical treatment, or other damages to myself or any minors of whom I am parent or legal guardian, resulting from participation in 24/7 Dance Studio programs. I further waive and release 24/7 Dance Studio and its officers, agents, volunteers, and employees from any damages sustained by the aforementioned or any guests of the aforementioned as a result of any condition, act, omission or accident on or at 24/7 Dance Studios (Frederick or Hagerstown locations) or any other premises upon which any activity related to 24/7 Dance Studio takes place.

24/7 Dance Studio reserves the right to suspend or remove any individual from class in the event of behavioral problems, with an understanding that if the individual is removed, there will be no credit given. 24/7 Dance Studio is not responsible for personal material, injuries, or liabilities.

PHOTO, VIDEO, & AUDIO RELEASE: I hereby give permission to 24/7 Dance Studio to photograph, video, film, and/or audio record my child and/or me. I consent to the use of such materials for all uses including recital videos, class photos, and all promotional material, including the 24/7 Dance Studio Web Site. This release is granted in perpetuity.

There are **NO REFUNDS** given; a studio credit will be issued after the 2 month minimum requirement is met.

Signature: _____ Date: _____

POLICY & PROCEDURE / AUTOMATIC TUITION

I have read and agree to all Policies and Procedures found in the 24/7 Dance Studio Policy and Procedure Booklet. I also agree to the dance tuition installments being automatically deducted from the credit card provided below:

First and last four digits of your credit card number for verification purposes only. Your card must be swiped into our system.

VISA / MC # _____ Expiration _____

Name on Card: _____ Security Code _____

Signature _____ Staff Initial _____