



482-A Prospect Blvd.  
Frederick, MD 21701  
301-846-4247

# REGISTRATION 2010/2011

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:

<b>Total Tuition</b>	_____	<b># _____ Installments of \$ _____ each</b>
<b>Discount Total</b>	_____	<b>Registration Fee</b>
<b>Total After Discount</b>	_____	<b>Total Paid</b>

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. I agree to abide by the policies and procedures set forth in the Course Catalog which I have received upon submitting the registration form.

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 may 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 Course Catalog. I also agree to the dance tuition installments being automatically deducted from the credit card provided below:

FIRST & 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 \_\_\_\_\_