



# SEASON 2011-2012

## Students Information:

First Name:	Middle:	Last Name:
Date of Birth:	Age:	Gender:

## Address:

Street Address:		
City:	State:	Zip:

## Parent and/or Guardian Information:

Parent / Guardian #1	Relationship:
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Telephone:	Cell Phone:	Emergency Phone:
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Parent Email:
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Parent / Guardian #2	Relationship:
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Telephone:	Cell Phone:	Emergency Phone:
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Parent Email:
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## In case of an emergency, please contact:

Emergency Contact/phone number:	Relationship:
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Program or Curriculum choices:  Ballet  Flamenco  Jazz  Hip Hop  Aerial  Tumbling

Previous Dance Training: Yes  No  Previous Dance School:

Students and Parents must recognize the risks of physical injury inherent in dance training and must be willing to assume those risks. Upon registration, parents must sign this release stating: I agree that I will not hold Artistic Dance Center or any faculty member liable for any injuries sustained while in attendance. I agree that I will not hold Artistic Dance Center responsible for the loss and/or damage of personal property while in attendance. I agree to abide by the rules and regulations previously listed by Artistic Dance Center.

\_\_\_\_\_  
Parent Signature and Date

How did you hear about our school?  AD  Phone Book  Web Site  Performance  Other

# Registration and Tuition Agreement

A student is considered registered once the information sheet and medical release form have been completed and returned along with the registration fee. Registration fees will cover the entire term of one school year and is non-refundable. If for any reason the student leaves the school for more than one month, in order to return to a normal class schedule, the registration fee must be paid again. Registration and tuition fees must be paid in full to Artistic Dance Center before the 10<sup>th</sup> day of each month. Any tuition paid after the 10<sup>th</sup> of the month will be considered late and will be charged a late fee of \$25.00. Tuition is based on an annual fee that is divided into ten equal payments. This tuition is due even when the student is not present for classes. Unless they have officially withdrawn from the school in writing. You have the option to pay tuition fees monthly, semi-monthly or annually. Any semi-annual or annual plans will be awarded a 10% discount.

Students will be allowed to make up classes within the month of their absence only. No credit will be issued for classes missed on the following month. Continued absences will jeopardize the students eligibility to participate in any performing events the school offers.

**Please note any checks returned by the bank will be charged a \$30.00 fee.**

I \_\_\_\_\_ have read the student guidelines and abide by it.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## Medical Release

I, \_\_\_\_\_ (parent/guardian's name) hereby give permission for any and all medical attention to be administered to my child \_\_\_\_\_ (child's name) in the event of accident, injury, sickness, etc, under the direction of the physician listed below or any necessary emergency facility, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date below.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact - PRINT CLEARLY

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

### Physician and Medical Information:

\_\_\_\_\_  
Physicians Name - PRINT CLEARLY

(\_\_\_\_\_) \_\_\_\_\_  
Telephone number

*Any known allergies or medical information:*

### Insurance Information:

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy