

EN AVANT DANCE STUDIO REGISTRATION FORM

Please complete, sign and return with payment.

STUDENT'S NAME _____ **BIRTHDATE** ___/___/___
ADDRESS _____ **AGE** _____
CITY/ZIP _____ **GRADE** _____
PARENT'S NAME(S) _____ **HOME PHONE** _____
ADDRESS (if different) _____ **CELL PHONE** _____
CITY/ZIP _____ **WORK PHONE** _____
EMAIL _____ **WORK PHONE** _____

BILLING ADDRESS (IF DIFFERENT) EMERGENCY CONTACT

NAME _____ **NAME** _____
ADDRESS _____ **PHONE(S)** _____
_____ **HEALTH ISSUES** _____

PREFERRED BILLING METHOD: Circle one:

MAIL E-MAIL (provide address above)

CLASSES REGISTERED FOR:

MEDICAL CONSENT AND RELEASE OF LIABILITY

- 1) I, the undersigned parent/guardian of this student, a minor, do hereby authorize the instructors of En Avant Dance Studio as Agents for the undersigned to consent to Medical, Surgical or Dental Examination, Treatments, etc. In addition, I hereby release and discharge En Avant Dance Studio from any and all claims for personal injuries.
- 2) I realize that dance instruction traditionally involves physical corrections and requires the instructors' touch.
- 3) I agree that pictures taken may be used for promotional purposes.

DRESS AND CONDUCT CODES AND TUITION

- 1) I have read the studio policies and agree that my child will abide by the dress code and code of conduct policies. I understand that improper dress or behavior may result in my child sitting out of class.
- 2) **I understand that tuition is to be paid one month in advance, August through April.** I agree to pay the regular monthly charge as shown on the fee schedule. I understand that payments are due at the beginning of each month, and that a late fee of \$10.00 will be assessed on the 16th, and that there are no refunds.

SIGNATURE _____ **DATE** _____

REGISTRATION FEE - \$15.00 PER STUDENT _____

MONTHLY FEES _____ **TOTAL** _____