

# Cindy's Dance Studio

Student's Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Hours: \_\_\_\_\_ Agreed Monthly Tuition: \_\_\_\_\_

## FALL Registration For 2018-2019

Student's name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ School/Day Care: \_\_\_\_\_ Grade: \_\_\_\_\_

Prior Dance Training: Yes / No Years: \_\_\_\_\_

Student's Cell: \_\_\_\_\_ Student Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone : \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

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

Any required prescription drugs/medications: \_\_\_\_\_

Any known allergies, past or present injuries or health problems that may affect student's ability: \_\_\_\_\_

**Emergency Medical Attention:** I give permission to Cindy's Dance Studio/Cindy Acosta to authorize any medical attention needed to my child/student in the event of an emergency, whether on or off the studio premises.

(Parent/Guardian signature): \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about Cindy's Dance Studio? \_\_\_\_\_

### Class Enrollment:

Class: _____	Day: _____	Time: _____	Hours _____
Class: _____	Day: _____	Time: _____	Hours _____
Class: _____	Day: _____	Time: _____	Hours _____
Class: _____	Day: _____	Time: _____	Hours _____
Class: _____	Day: _____	Time: _____	Hours _____
Class: _____	Day: _____	Time: _____	Hours _____
Class: _____	Day: _____	Time: _____	Hours _____

Total Hours \_\_\_\_\_

**Liability Waiver:** Cindy's Dance Studio/Cindy Acosta provides classes and training at the exclusive risk of the participants. It is strongly recommended that students are covered by their own family insurance policy. Cindy's Dance Studio/Cindy Acosta is not responsible for any damage or loss to personal property or any accident or injury suffered whether on or off the studio premises or during any associated event or activity. Cindy's Dance Studio/Cindy Acosta is not responsible to supply medical attention in the event of an emergency. Your signature indicates full acceptance and understanding of this liability waiver and all studio policies including but not limited to...


- ~All Registration, Tuition and Costume payments are **NON-REFUNDABLE**. Tuition will not be adjusted for ANY missed classes including both absences and holiday's. Make-Up classes available.
- ~You are responsible for payment of all classes student is enrolled in (even if absent) until written notice of withdrawal has been received prior to the 1<sup>st</sup> of the month. Current month charges may apply
- ~You are responsible for the supervision and agree to the standard of behavior disclosed of any child on premise. You agree to repair or replace any damage done to premise or any property of CDS.
- ~You are in agreement to respect the privacy of others and agree CDS is not Responsible for any photos/video taken/used/shared including but not limited to any/all social media.
- ~Photo/Video release authorization/permission for CDS

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_