



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

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

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

### FALL Registration For 2009-2010

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

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

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

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

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Alternate 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. 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 missed classes.*

*You are responsible for payment of all classes student is enrolled in (even if absent) until written notice of withdrawal has been received by Cindy's Dance Studio.*

*Photo release authorization*

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