

Cindy's Dance Studio

Student's Last Name: _____

First Name: _____

Hours: _____ Agreed Monthly Tuition: _____

FALL Registration For 2010-2011

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 ANY missed classes including both absences and holiday's.

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: _____