

Registration Form

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 1st 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:** _____