

____ New Student

____ Returning Student

SRC Dance Studio, Inc.

Student Registration Form (Adult)

STUDENT INFORMATION

Student's Name: _____ Birth Date: _____ Age: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

EMERGENCY CONTACT

Name: _____ Relationship to student: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

How did you hear about our studio? _____

Please list prior dance experience (i.e. number of years, dance technique studied, etc.):

PAYMENT INFORMATION

Payment Policy: Tuition payments must be made on the first day of class for any given season. Students will not be permitted to take any classes until payments have been made in full. Any given reason if the payment is overdue more than a week time, there will be an additional \$20 of late fee is applicable along with the tuition amount. Also the student should provide 2 weeks of written notice if he/she decides to withdraw from the class.

Payment Option (Please select one): Cash _____ Check _____ Online Bank Transfer _____

Registration Fee: \$_____ **Tuition:** \$_____

I understand that one make-up class is permitted for each class quarter that you miss. Make-up classes must be taken within the same quarter of the missed class(es). Also all fees paid are nonrefundable and nontransferable and that tuition shall be paid at the first class either cash or check unless other arrangements are made by written agreement with both parties. I understand that the fee for a returned check/ declined card is \$35. Should this provision have to be enforced by legal means, I am responsible for payment, as liquidated damages, the costs of collection, plus interest at the legal rate and reasonable attorney's fees as determined by the Court or 15% of the amount collected failing such determination.

PERSON RESPONSIBLE FOR PAYMENT:

PRINT NAME: _____ SIGNATURE: _____

DATE: _____ RELATIONSHIP TO STUDENT: _____

WITNESS (Must be at least 18 years of age): _____

RELEASE

Indicated in the space below are any health problems or conditions of which the studio should be aware (such as heart, back, medical, allergy, muscular, pregnancy, diabetes, epilepsy, chemical or neurological condition, special medication, knee/kidney/shoulder problems, etc.). I understand that risk of *injury* is inherent in any physical activity and I knowingly and voluntarily accept that risk. I, the undersigned, for myself, my heirs, administrators, and executors, hereby waive and release Subha Ravichandran individually and SRC Dance Studio, Inc. and its staff from any and all claims or damages of any kind arising out of my participation in the exercise and/or dance program of SRC Studio of Dance, Inc. I certify that I am in proper physical condition to participate in the exercise/dance program and that I have been examined by a licensed physician and found to be in proper physical condition to participate in said program. I, the undersigned, do hereby authorize Subha Ravichandran or her designated agents (being teachers or administrators employed by SRC Dance Studio, Inc.) to obtain medical treatment for myself in emergency situations if needed. I understand that I am responsible for any medical expenses and that the absence of health insurance does not make SRC Dance Studio, Inc. responsible for payment of medical expenses. This authority includes the power to authorize any and all treatment deemed necessary under the circumstances by a licensed physician. This power is in essence a power of attorney and shall remain in effect for one year from the date signed below.

SIGNATURE OF STUDENT: _____ Date: _____

WITNESS (Must be at least 18 years of age): _____