

___ New Student
___ Returning Student

SRC Dance Studio, Inc.

Student Registration Form (Ages 4 to Youth)

STUDENT INFORMATION

Student's Name: _____ Birth Date: _____ Age: _____
School: _____ Grade: _____
Home Address: _____ City: _____
Zip Code: _____ Home Phone Number: _____

PARENT(S)/GUARDIAN(S) RESIDING WITH CHILD

1. Name: _____ Relationship to Child: _____
Cell Phone: (_____) _____ Work Phone: (_____) _____
E-Mail: _____ Place of Employment: _____
2. Name: _____ Relationship to Child: _____
Cell Phone: (_____) _____ Work Phone: (_____) _____
E-Mail: _____ Place of Employment: _____

OTHER ACTIVITIES

Class Name, Day and Time

1. _____
2. _____
3. _____
4. _____

How did you hear about our studio? _____

Previous Dance Training

Please list prior dance experience (i.e. number of years, 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.

Payment Option: Cash _____ Check _____ Credit Card _____

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

I understand that one make-up class is permitted for each class my child misses. Make-up classes must be taken within 30 days of the missed class(es). I also understand that all fees paid are **nonrefundable and nontransferable**. The parent or guardian is responsible for notifying, in writing, SRC Dance Studio, Inc. of any change to the credit card or checking account. The returned check/declined card fee is \$35. Should this provision have to be enforced by legal means, the undersigned person(s) is 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 AND AUTHORIZATION

Name of Student: _____

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, on behalf of myself and my child, 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 for damages of any kind arising out of my child's participation in the exercise and/or dance program of SRC Dance Studio, Inc. I further certify that the aforementioned student is in proper physical condition to participate in the exercise/dance program and that he/she has 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 my said child in emergency situations where I cannot be reached in time to authorize the treating physician to provide such emergency medical services. 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 PARENT/GUARDIAN: _____ DATE: _____

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