

EXECUTIVE DANCE AND FITNESS REGISTRATION FORM

Section 1

1) Student's name _____ D.O.B. ___/___/___
(2) Student's name _____ D.O.B. ___/___/___
(3) Student's name _____ D.O.B. ___/___/___
Parent's or legal guardian's names _____
Street _____
City _____ Zip _____ Home Phone [_____] _____
Work Phone [_____] _____ Cell Phone [_____] _____
Emergency Contact (other than parent) _____ Phone _____
Email _____
Does the student have any ailments or restrictions? Yes /No If yes, please explain:

Section 2 (Please fill out this section if you are a new student)

How did you hear about us? _____ Has your student had any previous dance training? Yes No
Name(s) of current or previous dance school(s) _____

Section 3

Please list the intensive your child will be enrolling in-

| | |
|-----------------------|-----------------------|
| Class/Day/Time: _____ | Class/Day/Time: _____ |
| Class/Day/Time: _____ | Class/Day/Time: _____ |
| Class/Day/Time: _____ | Class/Day/Time: _____ |
| Class/Day/Time: _____ | Class/Day/Time: _____ |
| Class/Day/Time: _____ | Class/Day/Time: _____ |
| Class/Day/Time: _____ | Class/Day/Time: _____ |
| Class/Day/Time: _____ | Class/Day/Time: _____ |

Payment Options-

Cash or Auto payment **Credit Card CC#** _____ **Exp Date** _____
 Charge my card the monthly tuition by the 10th of every month \$_____ (monthly tuition amount)
 Do *Do Not charge my card for costume/recital fees/competition fees.*
 Check **Check #** _____

Release of Liability

As the legal parent or guardian, I release and hold harmless EXECUTIVE DANCE & FITNESS, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of EXECUTIVE DANCE & FITNESS, its owners and operators or in route to or from any of said premises.

Medical Emergency

The undersigned gives permission to EXECUTIVE DANCE & FITNESS, its owners and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health. I request that our doctor/physician _____ be called and that my child be transported to _____ hospital.

Payment and Tuition Information

Tuition is due by the first of each month. If accounts are paid after the tenth of the month, there will be a \$10.00 late fee applied to the account balance. There is a \$25.00 returned check charge for any checks returned by the bank. Tuition is based on a breakdown of 10 payments, we do not prorate months for missed days, holidays or school vacations. Please review our studio policies.

I've read all of the above and the Studio Policies and agree.

_____ Date ___/___/___
Signature of parent or legal guardian, if student is under age 18, or student age 18 and older