

STUDIO 34 DANCE ACADEMY
CLASS REGISTRATION FORM

*One per dancer

Student Name _____ Age _____ Grade (as of 9/17) _____

Parent/Guardian Name _____ Phone Number _____ Cell Number _____

Address _____ City _____ Zip Code _____

Email address _____

Class	Day	Time
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Total Classes per week _____ Total Monthly Tuition _____

Parent/Guardian Signature _____

Date _____

LIABILITY WAIVER 2017-2018

My signature below releases Studio 34 Dance Academy, Inc., its officers, directors, staff, employees, and independent contractors, volunteer helpers, and landlords from any and all liability that may result from myself, my children, or any member of my family participating in dance lessons, exercise classes, rehearsals, parties, private lessons, performances, field trips, or any function sponsored by Studio 34 Dance Academy, Inc. I agree to hold Studio 34 Dance Academy, Inc., its officers, directors, staff, employees and independent contractors, volunteer helpers, and landlords 100% harmless for any and all injury that may result from my dancer, myself, or any member of my family participating in the activities listed above. Our participation is completely voluntary. I have listed any special medical problems that I have or my child receiving dance lessons has below. Our family doctor approves of our participation in the above listed activities in spite of these medical problems. My signature verifies that I have read this waiver and agree and accept its contents.

Signature of Student over the age of 18

Please PRINT name of Student

Today's Date Month/Day/Year

Or

Please write the name(s) of student receiving lessons

Signature of Parent or Guardian

Please PRINT name of Parent or Guardian

Today's Date Month/Day/Year

Does the student(s) have any allergies or other special medical needs we should be aware of? If so, please list below:

Please give us a name and phone number of your nearest relative or friend that we may call in an emergency, if we cannot reach you. (I.e. stranded child, stomach ache, etc.) In a crucial emergency 911 will be called.

Your nearest friend or relative

their phone number

STUDIO POLICIES

Parent/Guardians and dancers 4th grade and older, or students over 18 years old will need to sign their name on the line below so we know that you have read, understand, and accept all of our policies which are included with this form. Your signature below is your commitment to us that you will respect and uphold all policies and not ask to be an exception to any of them. If one person is an exception, everyone should be an exception.

Please be sure you have read the policies before signing your name below.

Signature of Parent/Guardian

Signature of Student 4th grade & up

Or

Signature of Student 18 years or old