



Registration must be made in person. No mail in or email registration will be accepted. Tuition is due at the time of registration to guarantee enrollment in class.

Students Name: _____ **DOB:** _____ **Age:** _____

Address: _____ **City/Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Mother's Name: _____ **Phone Number:** _____

Father's Name: _____ **Phone Number:** _____

Emergency Contact Name: _____

Relationship: _____ **Phone Number:** _____

Person Responsible for Payments: _____

Address: _____ **City/Zip:** _____

Payments are due every 4 weeks. A \$10.00 late fee will be assessed for all late payments received 7 days after due date and \$5.00 every month thereafter until late payment is paid, regardless of payment history. No refunds, adjustments or prorating of tuition and fees.

Parent Signature

Date

ACKNOWLEDGMENT AND RELEASE OF MINOR

Please read carefully. Your child will not be allowed to participate in classes until this release is completely filled out and received by the studio. The undersigned, being the parent or legal guardian of _____ a minor ("the child") acknowledges that they have registered the child to participate in a dance/exercise program with The Dance Step ("the studio"). The undersigned further acknowledges that they are aware of no medical conditions of the child which would impair the child's ability to participate and or which would subject the child to personal injury or illness. In addition, as a term of the child's participation on behalf of the child, I hereby voluntarily assume all risk of accident, injury, illness and or damage to the child or his or her property. Further, the undersigned hereby releases and discharges the studio, its employees, volunteers, owners and assigns from every claim, liability and or demand of any kind for or on account of any personal injury, illness and or damages of any kind sustained, regardless of the cause.

Parent Name (please print)

Parent Signature

Date

Please list any known allergies and/or medical conditions: _____

Please list all medications, dosage and frequency taken daily by your child: _____