

Patterson School of Dance

Student Registration

Date: ___/___/___ School Year: _____

Student Name: _____ Age: _____

Home Address: _____ Date of Birth: _____

City & State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Name of Parent/Guardian: _____ Work Phone: _____

E-Mail: _____

How did you hear about us? Phonebook ___ Newspaper ___ Internet Search ___ Friend Referral ___

Walk-In ___ Other _____

(Chart below is for office use only)

Class Name	Teacher	Day	Time

Monthly Tuition: _____ Registration Fee: _____ Total: _____

WAIVER OF LIABILITY: I accept full responsibility for my use of any and all apparatus, facility, privileges, or service whatsoever owned and operated by the Patterson School of Dance and hold all its directors, officers, employees, representatives and agents harmless from any and all loss, claim injury, damage, or liability sustained or incurred by me or my dependents resulting there from. This waiver is valid for one (1) year after signed date.

Please initial each line below to complete form:

_____ I consent to photography and recording of my child for its usage in promotional and public relations activities. All recordings are property of Patterson School of Dance.

_____ I understand and agree to pay for the classes I have registered for, even if I do not attend, until I notify the Patterson School of Dance.

_____ I understand that I am responsible for all registration, recital, costume and tuition fees (including late charges)

_____ I understand the penalty for any delinquent payment of any fees.

_____ I understand and agree to the class requirements.

_____ I understand that my insurance policy is my only source of reimbursement if injury occurs.

Signed: _____ Date: _____

**Student or Parent/Guardian of Student (under age of 18)*

Patterson School of Dance Student Medical Information

To Parent/Guardian: Please complete and sign the Student Medical Information sheet. Patterson School of Dance requires full disclosure of any and all medical concerns of all enrolled students.

(Please Print)

Name of child	Birth Date
Address (Street)	City and ZIP Code
Parent/Guardian	Home Telephone Number

STUDENT'S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1 through 7 below in the column on the left.

(Please explain any "Yes" answers in the space provided below.)

1. Yes No Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes No Any other specific illness or social/emotional or behavioral problems?
3. Yes No Any allergies (food, insects, medication, etc.)?
4. Yes No Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
5. Yes No Any hospitalization, operation, or major illness (specify problem)?
6. Yes No Any significant injury or accident (specify problem)?
7. Yes No Would you like to discuss anything about your child's health with your child's instructor?

To Parent/Guardian: Please explain any "Yes" answers from above.

*I am the parent/guardian of the child named above. I give permission for the information on this form provided about my child to be reviewed and utilized only by the staff of this studio for the limited purpose of meeting my child's health and educational needs. I understand this packet is valid for one (1) year after signed date.

Signature of Parent/GuardianDate

*I understand that Patterson School of Dance does not carry medical insurance for their students. I understand that it is required that my dancer is covered by my own family insurance. I understand that if injury occurs while at Patterson School of Dance my insurance policy is my only source of reimbursement.

Signature of Parent/GuardianDate