

The Dance Loft, LLC  
Registration Form 2019/2020

Date of Registration \_\_\_\_\_ Enclosed \$30 Registration Fee Yes \_\_\_ No \_\_\_

Dance Company Member Yes \_\_\_ No \_\_\_

**BASIC INFORMATION**

Dancers Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Dancer's Date of Birth \_\_\_\_\_

Dancer's email \_\_\_\_\_ Dancer's Cell \_\_\_\_\_

Previous Dance Experience (years/place/type)  
\_\_\_\_\_

Parent/Guardian Information – Name  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email Address \_\_\_\_\_

\*Please print clearly – The Dance Loft communicates with our clients through email. That is how we provide all communication about any events, dates, charges on accounts and schedule changes.\*

**EMERGENCY CONTACT/MEDICAL HISTORY**

In case of an emergency and parents cannot be reached, please list 2 contacts

1. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Does your dancer have any medical conditions or previous injuries? Yes \_\_\_ No \_\_\_

If yes, please specify \_\_\_\_\_

THE DANCE LOFT IS NOT LIABLE FOR ANY INJURIES

ENROLLMENT

**Please list the classes you would like to be enrolled in:**

Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Fee \_\_\_\_\_

Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Fee \_\_\_\_\_

Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Fee \_\_\_\_\_

Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Fee \_\_\_\_\_

Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Fee \_\_\_\_\_

**REFERRAL**

Were you referred to The Dance Loft by anyone?

If so, who? \_\_\_\_\_

**THE DANCE LOFT PAYMENT POLICY**

All Dance Loft clients will be required to pay the 1<sup>st</sup> installment at the time of registration. TDL operates on a 34 week session and drafts are made monthly. At the time of registration, we require a credit card on file. The card will be drafted on the 28<sup>th</sup> of each month unless you notify us otherwise. The \$30 registration fee will be assessed at the time of registration unless. We accept cash, check, and all major credit cards excluding AMEX. Checks that do not clear or if any credit cards are declined the account will be assessed a \$25 fee. It is the responsibility of the client to inform TDL of any expired cards, changes in numbers, lost or stolen cards etc. The Dance Loft does not issue any refunds.

Name on Card \_\_\_\_\_ Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ / \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

Billing Address: Street \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

**Please sign below, acknowledging that all information provided above is correct, and you are in full understanding that The Dance Loft, LLC is not responsible for any injuries or lost and stolen property. By signing below, you acknowledge that you have carefully read and are agreeing to THE DANCE LOFT PAYMENT POLICY and authorizing payments to The Dance Loft, LLC.**

Signature \_\_\_\_\_

Date \_\_\_\_\_