

DANCE DIMENSIONS

514 Buffalo Road
East Aurora, NY 14052
(716) 652-0219
dancedimensions514@yahoo.com
dancedimensions.us

Student's Name _____

Address _____
Number Street
City State Zip Code

Phone _____
Home * Cell/Emergency/Texts *

E-mail _____

Birthdate _____ **Age** _____
(as of Sept. 1st)

Parent's Names _____
First and Last if different from student

Please List Any Medical Conditions The Studio Should Be Aware Of:

Doctor's Name _____
Doctor's Phone _____
Medical Insurance Carrier _____
Emergency Contact (if parents cannot be reached at numbers indicated) Name _____
Relationship _____
Phone _____

How did you find our studio? _____

Recommended by: _____

CLASS SELECTION

(Please check all classes you are interested in attending)

Kids Combo Class
Program 1 (3-4 yr. olds) _____

Kids Combo Class
Program 2 (4-5 yr. olds) _____

Kids Combo Class
Program 3 (6yr. olds) _____

Ballet _____

Hip Hop/Jazz _____

Tap _____

Lyrical _____

New Students Only: (Please list previous dance experience)

Financial Obligation By signing below I am financially responsible for timely payment of this account. I understand that registration fees and costume deposits are non refundable. I understand that there is a \$30.00 service fee for checks returned by the bank and a \$10.00 late fee for tuition payments received after the 10th day of any given month. I will notify the studio immediately if the student must withdraw from class. Until such time, charges will be invoiced to the parent.

Parental Consent I and my child(ren) understand that participating in a dance class is a potentially riskful activity. I assume all risks associated with dance class participation, including but not limited to, falls, illness, contact with other persons, or physical injuries sustained at a performance by the studio. Dance Dimensions shall not be liable for damages from personal injuries sustained by my child/self in or about the premises. By signing below, I fully release and discharge the studio instructors and studio owner from any and all claims, demands, damages, rights of action present or future, resulting from or arising out of use of the studio and/or its facilities. I give permission for emergency medical treatment of my child in the event that a parent cannot first be contacted.

By signing below, I approve the use of my child(ren)'s photo/video in studio publications, advertising, website, recital pictures/video. I understand names will not be used.

Signature of Parent _____
Or Guardian (Participant or Parent if under 18)