



STUDENT REGISTRATION FORM
FALL 2018
SEPTEMBER 4 THROUGH DECEMBER 15

Thank you for providing us with the following information to help best serve you and your child. This information will not be shared. You may receive updates from your teacher by email, or in case of emergency, you may be contacted by phone. If you have questions, please let us know.

Student Name _____ Birth Date _____ Age _____
Student Email (optional) _____ Student cell (optional) _____
Medical Conditions/Allergies/Precautions _____

Name of Parent(s) _____
Street Address, City and Zip _____

Mom Email _____ Dad Email _____
Mom cell _____ Dad cell _____
Mom work _____ Dad work _____ Home _____

Other Approved Persons to Pick Up My Child _____
Emergency Contact (other than self) Name _____
Relationship _____ Phone _____

At What Age Did You Begin Dance Training? _____ Number of Consecutive Years Dancing _____
Consecutive Years Dancing Since Age 8 _____ Gaps/Years between Training _____
Name of other dance schools/companies you have trained with _____

What Dance Forms Have You Trained In and For How Many Years?
Ballet _____ Jazz _____ Modern _____
Pointe _____ Hip Hop _____ Tumbling _____
Lyrical/Contemporary _____ Tap _____ Other _____

Student is registering for these class(es) on these day(s) of the week:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you participate in other activities that may, at times, conflict with your dance schedule?
Please list any foreseeable conflicts:

Second Story Studio Liability Waiver

Initials _____

I understand that Second Story Studio will take every reasonable and usual precaution to protect the safety of students. I understand that there are risks of physical injury associated with, arising out of, and inherent to, the activity of dance or any exercise activity, and in recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all right and/or causes of action of any kind, including any and all claims of negligence arising as a result of such activity from which liability could accrue to Second Story Studio, its officers, agents, employees, instructors, subsidiaries, parent corporations, and all affiliated entities (hereinafter collectively referred to as "Second Story Studio").

I hereby agree to release Second Story Studio of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in dance or related activities on behalf of the participant. I INDEMNIFY, HOLD HARMLESS, AND AGREE NOT TO SUE Second Story Studio for any and all liabilities or claims made as a result of participation, whether caused by the negligence of releasees or otherwise. I am aware that this is a release of liability and an acknowledgement of my voluntary and knowing assumption of the risk of injury. I have signed this document voluntarily and of my own free will in exchange for the privilege of participation.

Media Release

Initials _____

I give Second Story Studio permission to use my child's picture and/or video in or on any form of advertisement for Second Story Studio or a Second Story Studio affiliated event. I hereby grant them the use of such material for publication in any media related to the company (whether for profit or not). I will make no monetary or any other claim against Second Story Studio for the use of such photograph(s) and/or video(s). My child has my permission to participate in Second Story Studio Events.

If I am a minor, my parent and/or legal guardian has also signed this document releasing Second Story Studio from any and all such liability described above and has acknowledged that I am knowingly and voluntarily assuming all risks of injury inherent to this activity.

I have read, understand and agree to comply with all current and ongoing Second Story Studio rules, fees, policies, and procedures as stated herein and on www.SecondStoryStudio.org.

Name of Student

Signature

Date

Name of Parent/Guardian

Signature

Date

Tuition & Fees

Tuition at Second Story Studio is payable per semester.

Though checks are our preferred method of payment, we also accept cash, and credit card payments through Paypal invoices. Just let us know if you'd like us to send a Paypal invoice, and you can simply pay online.

If the studio cancels a class due to teacher illness or bad weather, every attempt is made to offer a make-up date usually by the end of the semester. In the event of bad weather, please watch NewsChannel 5 for Second Story Studio closings. Teachers will also attempt to send an email to all students with information.

If your child misses a class due to any other reason, they may make up the class by attending a class at a similar level, or observing a more advanced class. Consult with your teacher to schedule the make-up class.

Should you need to drop a class, we ask for advance notice.

Tuition is not refunded for absences, including vacations, other activities, illness/injury, or if you choose to drop a class.

In the event of a serious injury/illness, or family emergency which would cause extended absences, please speak to Marci.

Registration fee due _____	Tuition due _____
Registration fee paid _____	Tuition paid _____

Method of payment (check, cash, paypal, etc.) _____

I have read, understand, and agree to the 5 page Policies and Procedures document found on the website, as well as the Tuition & Fees information set forth by Second Story Studio as stated above.

Name of Parent

Signature

Date