

**Dancing Spirit  
2019/2020 Student Registration Form**

**Student Information**

Student's Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Classes**

√	Class Name	Meeting Times	Fee per Month / Minutes
	Mon Pre-Ballet	4-4:50pm	\$40/ 60 mins
	Mon Ballet 1/2	5-6pm	\$40/ 60 mins
	Mon Adult Ballet	6-7pm	\$40/60 mins (Drop-in \$15)
	Tues Pre-Tap/Tap 1	4- 5pm	\$40/ 60 mins
	Fri Hip Hop 1	4:30pm- 5:30pm	\$40/ 60 mins
	Fri Modern/Jazz	5:30-6:30pm	\$40/60 mins
	Sat Competition Team	9-11 am	\$60/ 120 mins
	Sat Lyrical/ Contemporary	11:30- 12:30pm	\$40/ 60 mins

**Payment Options**

\$40 per month, \$150 per semester

Competition Team: \$60 per month, \$240 per semester

*\*Payments due by the 1<sup>st</sup> class of the month. Recital fee of \$40 due by the 1<sup>st</sup> class in February. \**  
*\*Payment still expected if a student has to miss a class. The monthly fee will be adjusted if I cancel class, and cannot reschedule. \**

**Legal Release and Policy Acceptance (please initial)**

\_\_\_ I/we understand my payment obligations  
 \_\_\_ I/we understand the risks related to dance  
 \_\_\_ I/we give media use rights permission

\_\_\_\_\_  
 Student (Parent/Guardian) Signature Date

**Costume Measurements**

\_\_\_ Height \_\_\_ Girth \_\_\_ Tights Size \_\_\_ Waist  
 \_\_\_ Shoe Size \_\_\_ Inseam \_\_\_ Leotard Size \_\_\_ Hips

**Medical/ Physical Limitations**

Allergies: \_\_\_\_\_  
 Will your child require any special medical attention during a normal class: (yes/no) \_\_\_\_\_  
 If yes – Explain: \_\_\_\_\_

**Dancing Spirit  
2018/2019 Studio 2B Class Wavier Form**

I understand that there are risks of physical injury associated with, arising out of and inherent to the activity of dance. 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 Dancing Spirit, it's officers, agents, employees, instructors, subsidiaries, parent corporations, and all affiliated entities (hereinafter collectively referred to as "Dancing Spirit".)

I hereby agree to release Dancing Spirit and hold Dancing Spirit harmless 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 on behalf of the participant.

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.

I also give Dancing Spirit permission to use mine/my child's picture in or on any form of advertisement for Dancing Spirit or a Dancing Spirit affiliated event.

If I am a minor, my parent and / or legal guardian has gone over this document with me.

The participant has my permission to participate in Dancing Spirit Events. I warrant the below information is complete and correct. I further release Dancing Spirit of all liabilities associated with my/ my child's attendance at Dancing Spirit.

\_\_\_\_\_  
Participant's Name or Signature

\_\_\_\_\_  
Age

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date