Date of Registration				
BASIC INFORM	ATION			
Dancer's Name				
Address				
		Zip Code		
Dancer's Full Date of Birt	h			
Previous Dance Experienc	e (years/place/type)			
Email		Phone Number		
Parent 1 Information (On	ly if under 18):			
Name				
Place of work			<u>.</u>	
Home Ph	Cell Ph	Work Ph		
Main E-Mail Address				
Alt. email address				
Parent 2 Information (On	y if under 18):			
Name				
Place of work				
Home Ph	Cell Ph	Work Ph		
Main E-Mail Address				
Alt. email address				

<u>PLEASE PRINT CLEARLY</u> - Aspire Dance communicates with our clients through email; that is how we will provide all communication about any events, dates, charges on accounts, changes in schedules, etc.

EMERGENCY CONTACTS/MEDICAL HISTORY

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

1. Name:	
Phone Number	Relationship
2. Name:	
Phone Number	Relationship
Does your dancer have any med	cal conditions or previous injuries? yes no
If yes, please specify:	
Does your dancer have any aller	ies? yes no
If yes, please specify:	

ASPIRE DANCE STUDIO IS NOT LIABLE FOR ANY INJURIES

How did you hear about Aspire Dance Studio?
<u>REFERRAL:</u> Were you referred to Aspire Dance Studio by anyone? yes no
If so, who?

ENROLLMENT

Please check the summer programs you would like to be enrolled in:

_____ Kid's Camp #1: Fairytale Camp • June 26-30 • (ages 3-6 & 7-11)

_____ Kid's Camp #2: Dance Stars Camp • July 10-14 • (ages 3-6 & 7-11)

_____ Kid's Camp #3: Musical Theater Camp • July 31-August 4 • (ages 3-6 & 7-11)

_____ Summer Dance Experience Session #1: June 26-30 • (ages 10-18)

_____ Summer Dance Experience Session #2: August 7-11 • (ages 10-18)

Dance Camps total tuition: \$_____

Summer Dance Experience total tuition: \$_____

Aspire Dance Studio does not issue refunds.

ASPIRE DANCE STUDIO PAYMENT POLICY

All Aspire Dance Studio clients will be required to pay for summer tuition in full at the time of registration. Tuition may be paid by cash, check or credit card. There will be a \$25.00 service charge for all returned checks. Aspire Dance will not relinquish the payment responsibility of the dancer's guardian's for any reason, nor will they authorize extended late payment plans. Aspire Dance does not pro-rate tuition for missed classes. *Aspire Dance Studio does not issue refunds.*

Please fill out your card info below if you would like us to charge your card for summer tuition.

Name on Card			
Card Number			
Exp. Date/ 3 Digit Security Code			
Billing Address: Street			
City	St	Zip	

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AGREEMENT:

Please sign below, acknowledging that all information provided above is correct, and you are in full understanding that Aspire Dance Studio, LLC is not responsible for any injuries or lost or stolen property. By signing below, you are agreeing to the ASPIRE DANCE STUDIO PAYMENT POLICY and authorizing payments to Aspire Dance Studio, LLC. By signing below you are also acknowledging and agreeing to adhere by all of Aspire Dance Studio's Policies and Rules. The Policy and Rule forms are available at Aspire Dance at the front desk.

Parent/Guardian Signature or Dancer signature (if over 18):

Date:

WAIVER:

As the legal parent or guardian (if dance is under 18), or the dancer (if the dancer is 18 or older), I release and hold harmless Aspire Dance Studio, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Aspire Dance Studio, its owners and operators or in route to or from any said premises.

Parent/Guardian Signature or Dancer signature (if over 18):

_____ Date:_____

Welcome to Aspire Dance Studio!