

The Studio Dance & Arts Center

Class Enrollment and Medical Release

Student Name _____ Birth date _____ Age _____

Mailing Address: _____
Street Address City State Zip

Parent(s)/Guardian Names: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Class/Camp Name:

1. _____

2. _____

3. _____

How did you hear about The Studio? _____

Does the above named student have any special allergies, disabilities, dietary needs, medical conditions, or information their teacher should know? If yes, please explain:

Continue on the next page.

Please Read and Initial after each statement.

1. I accept the responsibility for the payment of tuition for the classes for which the previously named student is registered. I understand that it is my responsibility to pay the tuition on a monthly basis or session basis as listed in the class descriptions/tuitions. Tuition is considered late if received after the 10th of the month. After the 10th, a late fee of \$10 will be assessed. If an account is more than 30 days past due, the student will not be able to participate in class. **Tuition is due at the time of registration for summer camps.** _____

2. Recognizing the risks of illness and injury inherent in any program, I am enrolling my student in The Studio classes/camps and understand that I am hereby waiving and releasing The Studio Dance and Arts Center, the owners/directors, their families and The Studio instructors from any and all claims, costs, liabilities, expenses or judgments, including any attorney's fees and court costs arising out of my participation in The Studio programs on or off The Studio premises or any illness or injury resulting therein. _____

3. I hereby affirm that the above named student is in good physical condition and does not suffer from any disability that would prevent or limit participation in the enrolled classes/camps. _____

4. I hereby grant The Studio staff permission to administer first aid help and/or call 911 in case of medical emergency while my child is attending classes, rehearsals and performances. I understand that The Studio will attempt to first notify parents and guardians in case of emergency. _____

5. I understand that in case of illness, injury, accident, or any other damage to the student/parent's person/property while participating in The Studio sponsored activities on or off premises, which may require attention by medical professionals, I will bear the expense personally or by insurance that I have provided for family or myself. _____

6. I understand that classes with an enrollment of less than five (5) students are subject to cancellation. _____

7. I understand that registration fees, material fees, costume fees and pre-paid tuition are non-refundable and that there are no refunds or credits for missed classes. _____

8. I understand that in order to drop a class, a drop class form must be given to the teacher two weeks prior to the month I wish to drop. Otherwise, I will be charged for that month. _____

9. I permit The Studio to use photos or video of my child for promotional and advertising purposes. _____

10. I understand that children who are not enrolled in classes need to be closely supervised in the lobby by a parent or guardian. _____

By signing below, I agree to all the policies and procedures of The Studio as stated above.

Parent/Guardian's Signature:

_____ Date: ____/____/____

Please make all checks payable to The Studio. Thank you for registering with The Studio Dance & Arts Center! We can't wait to see you in class!
