

Registration Form

Stage Lights Dance Studio

2009-2010

Day	Time	Class	Hrs
Day	Time	Class	Hrs
Day	Time	Class	Hrs
Day	Time	Class	Hrs
Day	Time	Class	Hrs
			Total hours here: _____
Discounts applicable? (Team) (Family) Amount			

(use back to list classes for multiple students or for more room)

Students Name (First)	(Last)	Age	Birth Date	M/F
2 nd Student (First)	(Last)	Age	Birth Date	M/F
Billing Name (if family name is different)		Father's Name	Mother's Name	
Billing Address (Street)	(City)	(State)	(Zip)	
Home Phone	Mother's Work Phone	Father's Work Phone		
Cell #(s)	E-mail address(es)			
List any learning or physical conditions of the student. A doctor's note may be requested. List any food or medication allergies.				
If new to our studio, please list previous experience, if any _____				
How many years have you been with Stage Lights?(if current student) _____				
How did you hear about Stage Lights? (if new) _____				

PARENTAL RELEASE: The undersigned has or will receive the student handout and agrees to abide by the rules and regulations of Stage Lights Dance Studio. The undersigned releases any and all rights and claims including physical or emotional claims, costs, liabilities, expenses or judgments, including attorney fees and court costs arising out of the participation of the above named student(s), and thereby agree to indemnify and hold harmless "S&S" Pas De Deux, Inc., (dba Stage Lights Dance Studio) the director, their students, it's employees for any and all injuries or illnesses which may be suffered by the participant in programs associated with "S&S" Pas De Deux, Inc. (dba Stage Lights Dance Studio). Students may be dismissed from the studio at any time with no refunds or credits. I hereby execute and deliver the Waiver and Release to induce "S&S" Pas De Deux, Inc., (dba Stage Lights Dance Studio) to permit me to my child to participate in its performances or events on or off site. I understand that "S&S" Pas De Deux, Inc.,(dba Stage Lights Dance Studio). I hereby grant the permission to administer first aid help and/or call 911 in case of emergency while attending classes, rehearsals, and performances or events on or off site. I understand the "S&S" Pas DE Deux, Inc., (dba Stage Lights Dance Studio) will attempt to first notify parents and guardians in case of emergency. I understand that the art of dance and nature of dance instruction may sometimes require a teacher to touch me/ my child. I understand that this will happen in a caring, gentle, and appropriate manner. **INSTALLMENT AGREEMENT:** I agree to make full installment payments through June, or until I have notified "S&S" Pas De Deux, Inc. (dba Stage Lights Dance Studio) in writing one month in advance of my intention to discontinue classes. First month tuition is due upon registration & June tuition is due first day of class. No tuition is due in June if all tuition is current. All fees are non-refundable and non-transferable. No refunds or credits. All students are encouraged to participate in the annual production. **PHOTO/ VIDEO RELEASE:** I authorize "S&S" Pas De Deux, Inc. (dba Stage Lights Dance Studio) to record and photograph my image and/or voice or that of my child, for use by "S&S" Pas DE Deux, Inc. or its assignees in educational or promotional programs. I understand that these images may be edited, duplicated, reproduced and/or reformatted in any form and manner without payment of fees, in perpetuity.

Registration Fee (due today)\$ _____
(\$20.00 per student, or \$30 per family)

September Tuition (due today) \$ _____

June Tuition (due Sept) \$ _____

Total Paid today () \$ _____

Payment by: Cash Credit Card Check # _____

Balance Due \$ _____

Parents/Guardian Signature and Date

X _____

I have read the above policy and have executed this waiver and release.

X _____ I've read the studio handbook & agree to the studio policies

Please initial

Check here & complete CC info to be enrolled in auto pay!

Auto pay automatically gets you the \$7/ month discount rate.

Credit Card Info: Visa or Master Card # _____ Exp _____ 3digit # _____

Card Holder Name _____ Signature _____

Is the Billing address for this card the same as above? If not, Please include here _____