



2010-2011 Registration Form

Student's Name _____ Home Phone _____

Mailing Address _____ Student Cell Phone _____

City _____ State _____ Zip _____ E-Mail _____

(If under 18 yrs.) Student's Age _____ DOB _____ Grade _____

DANCE CLASS	DAY/TIME	PAYMENT OPTIONS (check one)				TOTAL COST <small>plus \$20 registration fee</small>
		Year	Semester	Monthly	Session	

Office use only:

Total Yearly Tuition	Total Semester Tuition	Total Monthly Tuition	Total Session Tuition
Total Due at Registration	Registration Fee \$20/\$40	Total Due at Registration	Amount Paid at Registration

Parents or Guardians Name(s) (for students under 18) _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-Mail _____

Person Responsible for Tuition (if different than above) _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

(Turn over for p. 2)

Emergency Contact person if parent or guardian cannot be reached immediately:

Name _____ Relationship _____ Phone _____

Does student have any physical limitations the instructors should be aware of? Yes No

Comments _____

IMPORTANT! PLEASE READ AND SIGN THE FOLLOWING:

I have read, understand and agree to abide by Sole City Dance's rules and policies as stated in the "Rules and Policies Reference Sheet" and found on our website

www.solecitydance.org

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

PHOTOGRAPH RELEASE

I authorize Sole City Dance to use my child's photo or class photo for promotional and advertising purposes.

Yes No _____ Initials

LIABILITY DISCLAIMER

Sole City Dance and the Instructors are not liable for personal injuries or loss of or damage to personal property. Since dance is a physical activity, injuries may occur. Each student may decline to participate in any activity which he or she deems to be harmful. The student (or parent if child is under 18) is responsible to inform the instructor of any physical limitations which may prevent full participation in class(es).

_____ Initials

MEDICAL EMERGENCY STATEMENT

(For children under 18 years of age)

Child's usual physician _____ Phone _____

I hereby give permission for Sole City Dance personnel to give to my child, _____ simple first aid when necessary or, in the event of a more serious accident/injury for my child to be transported to a hospital or other emergency medical facility to receive medical treatment. I also authorize the hospital to undertake examination and emergency treatment if warranted on behalf of my child.

_____ Initials

Office use only:

Processed in Computer _____ Reg Fee Paid _____ Cash _____ Check # _____

Added to Teacher's Book _____