



2025 – 2026 STUDENT REGISTRATION

Elevation Dance & Performing Arts, 535 Encinitas Blvd Suite 100, Encinitas,
CA 92024 1-760-828-3462

Student/Participant's Name: _____

Date of Birth (M/D/YYYY) _____ Age _____ Gender _____ Grade _____

School _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Student Email _____

Parent/Guardian Name: _____

Billing Address _____

City _____ State _____ Zip _____

Parent Phone _____ Parent Email: _____

Emergency Contact Name & Phone: _____

Tuition (+ Initial \$45 Annual Registration Fee)

60 Minute Class: \$80/month X _____ # of classes per week = _____

90 Minute Class: \$120/month X _____ # of classes per week = _____

Total Monthly Tuition \$ _____ Paid by: Cash / Venmo / Zelle

Zelle can be paid to carlsbaddanceimages@gmail.com

Venmo can be paid to @elevationdancesd

PLEASE WRITE IN YOUR CLASS(ES) OF CHOICE

Class Name

Day & Time

Instructor Initials

Medical Information

Insurance

Provider _____

Doctor's Name: _____ Phone _____

Allergies: _____

Medications: _____

Will your child require any special medical attention during a normal class: (yes/no) _____

If yes – Explain: _____

Legal Release & Policy Acceptance: Please INITIAL that you have read and understand:

____ I/we agree with the Covid-19 Liability Release ____ I/we agree with the Dress Code

____ I/we agree with Release of Liability ____ I/we agree with Parent Responsibilities

____ I/we agree with the Medical Emergency Policy ____ I/we agree with the Media/Photo
Release

____ I/we agree to the Student Responsibilities ____ I/we agree with the Tuition Policy

Print Parent/Guardian Name

Signature

Date

Print Participant/Student Name

Signature

Date