



## Dancer Registration Form

Dancer's Name (First & Last): \_\_\_\_\_ Date of Birth (if under 18): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father Cell #: \_\_\_\_\_

Name of Responsible Party: \_\_\_\_\_

If address and phone numbers are different from above please include: Telephone #: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address of primary contact: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Please advise us of any medical conditions that may affect the student's participation:

Siblings Name	Birthdate	Classes	Medical Conditions

**Please list the class(es) you wish to enroll in.**

Style & Level	Age Group	Day/Time/Teacher	Tuition Due
1.			\$
2.			\$
3.			\$
4.			\$

**SUB-TOTAL:** \$ \_\_\_\_\_  
**Registration Fee:** \$ 20.00 / 30.00  
**TOTAL:** \$ \_\_\_\_\_  
**Balance Due:** \$ \_\_\_\_\_

How did you hear about us ?

### Agreement for Participation

- I understand that dance classes may include, without limitation, dancing with props, stretching, barre work, across the floor combinations, dance routines in the center, and other related activities. I further understand that all of the activities of the dance class involve some degree of risk of strain or bodily injury and will hold owners/operators harmless.
- **Reflections Dance center** is not responsible for personal property lost damaged or stolen.
- Recital and costume fees are nonrefundable.
- I understand that tuition is due and payable the first week of class each month, and if it is not received by the 7th of each month a **\$15** late fee will be added. There will be no refunds, reductions or adjustments in monthly tuition for absence. If you withdraw your child you must notify us two weeks prior to the last class your child will attend otherwise you will be billed for the spot held for your dancer. Tuition will remain the same whether there are 3 weeks or 5 weeks in a month. you are responsible for the tuition for the entire session. No months may be skipped in a session.
- There is a **\$30** return check fee.
- I will read the following:\* studio policies \*dress code \*code of conduct all available online.
- I agree that if I register my child for more than one class she/he may be in two different shows come recital time.
- I agree to be responsible for reading studio correspondence and respecting deadlines, all sent via email.
- I hereby acknowledge that I have read the statements above and agree to participate accordingly.

#### **WAIVER OF LIABILITY CLAUSE REGARDING POSSIBLE COVID-19 (CORONA VIRUS) RELATED ISSUES**

I hereby understand that I (on behalf of my child and/or myself) am assuming the risk for any physical injury, illness, or bodily harm, and specifically from any exposure to or contraction of the coronavirus that may arise from my participation at or with Reflections Dance Center as a student or teacher. I agree that my participation is voluntary and that I have read and understood the terms of this waiver, and I hereby agree to hold the Dance Center and its owners/operators harmless.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

FOR OFFICE USE ONLY:

PAYMENT: CASH \_\_\_\_\_ CREDIT CARD \_\_\_\_\_ CHECK # \_\_\_\_\_ ENTERED: Y N DESK INT \_\_\_\_\_