



# South Bay Dance Academy

## REGISTRATION FORM

Today's date \_\_\_\_\_  
 New Student \_\_\_\_\_ or Returning Student \_\_\_\_\_  
 First Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Second Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Third Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Fourth Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent Names \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home # \_\_\_\_\_ Cell # \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Emergency # \_\_\_\_\_  
 Medical conditions \_\_\_\_\_  
 Previous dance experience? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, how long? \_\_\_\_\_  
 Where? \_\_\_\_\_  
 How and why did you choose South Bay Dance Academy? \_\_\_\_\_

### LIST ALL CLASSES YOU WILL BE TAKING BELOW:

Class Title	Day	Time
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

## INJURY RELEASE

I, the undersigned, as an adult student or the adult parent of a student, agree to hold harmless:

South Bay Dance Academy, Carla Perez, any of its contractors, assignees, staff or volunteers, the Ruth Chapman Performing Arts Center, Coronado High School, the owners and management and any other theater or location used to perform in the event of injury, illness or damage to person or property during any rehearsal, performance, exhibition, class or transportation to and from such events.

Involvement in any rehearsal performance, exhibition, or class is voluntary. When choosing to participate, it is with the understanding that I/We accept all risk inherent where we may engage in any of these activities. I/We realize injury could result from any participation in such activities.

\_\_\_\_\_  
 Parent or adult student signature                      Print name                      Date



# South Bay Dance Academy

Name of Student: \_\_\_\_\_

## PHOTOGRAPH, TELEVISION, VIDEO TAPE, SOCIAL MEDIA, AND/OR SOUND RECORDING AUTHORIZATION RELEASE

I, the undersigned, as an adult student or the adult parent of a student, hereby authorize and consent that South Bay Dance Academy has the absolute right to copy write, publish, use, sell or assign any and all photographic portraits or pictures, television spots, radio spots, movie films, videotapes, and /or sound recordings or any part thereof taken or made of the participant or which includes the participant in whole or in part.

I also grant permission to allow these images/or recordings to be put to legitimate use at the discretion of Southbay Dance Academy. I relinquish all rights, title or interest to any of the above items and reproductions of those items.

I grant the use and right to exhibit such images and/or recording (original copies) to South Bay Dance Academy and to any responsible individual, firm, publication, or assignee that South Bay Dance Academy chooses.

Hereby waive any right to inspect and/or approve the above-mentioned products or the advertising copy that may be used in connection there with or the used to which it may be applied.

I release South Bay Dance Academy from any and all claims, liability, or obligation. I shall not own or claim any rights to the above-mentioned products or to any portion thereof and waive all claims for any compensation, including, for such use.

\_\_\_\_\_  
Signature or adult student or parent/guardian of minor student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Relationship to student

## MEDICAL AUTHORIZATION/RELEASE AND INFORMATION

I, the undersigned, as an adult student of the adult parent/guardian of the student, an advised that South Bay Dance Academy does not carry Worker’s Compensation insurance for participants or volunteers. If my child or I suffer an injury while participating in a production, I/We have insurance and am personally responsible for my/our medical and/or injury-related expenses. I/We give permission to the staff in charge to secure emergency medical treatment for me/us in the event of an unforeseen injury or accident. Furthermore, I/we also agree to hold harmless South Bay Dance Academy, its assignees, staff and/or volunteers in the event of an injury or accident.

\_\_\_\_\_  
Signature of adult student or parent/guardian of minor student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Relationship to student



# South Bay Dance Academy

## WELCOME TO SOUTH BAY DANCE ACADEMY (SBDA)

- **All Students are required to have a credit card on file. Auto payments will be charged on the 25<sup>th</sup> of every month for the coming month.**
- **If payment is declined on the 25th a late payment of \$20.00 will incur.**
- **Due to the AUTO PAY system, if students are no longer going to attend Southbay Dance Academy, You must notify us by the 15th of the month. This will be the only way to stop tuition for the next month.**
- It is always the parent’s responsibility to know when tuition is due and to remit the payment.
- If absent the week prior, you can call in your payment via credit card or mail it in.
- **Tuition remains the same regardless of the number of weeks in a month or holidays. (Whether it’s a 3, 4, or 5 week month and December tuition is due in full)**
- Tuition is non-refundable. No exceptions.
- There is a \$45.00 initial registration fee. The yearly renewal fee is \$35.00 and due on the same month of the initial registration and will be automatically charged through the auto-pay system.
- Students that are absent for two or more months will need to re-register.(\$35.00)
- **Absences for any reason must be made up within the same month missed. Classes cannot be carried into the next month. Missed lessons will not be pro-rated.**
- There will be a \$30.00 fee for all returned checks. Returned checks will only be tolerated twice. Tuition and any other payments after that must be made in cash or Money order.
- **Information and holidays will be posted on the bulletin board weekly.**
- Drop off: Parents are required to stay with students until class begins. SBDA is not responsible for dancers left unattended.
- Pick-up: Students must be picked up promptly. Ask your dancer to stay inside the Studio for safety. SBDA does not provide day care and is not responsible for unattended dancers before or after class.
- No gum chewing anywhere in the Studio or at any performance activities.
- **Mandatory dress code: Long hair in tight bun and snood and short hair pulled back. No ponytails, extra clothing, skirts, tutus, or jewelry. No undergarments are to be worn underneath tights or leotards. Students must wear uniform according to level or class**
- Every Student will treat the teachers, parents and other students with respect at all the times.
- SBDA is not responsible for personal items damaged, lost or stolen.
- We reserve the right to refuse business to anyone.
- I have read the above information and understand each policy.
- I agree to abide by the policies governing SBDA.
- I have received a copy of these policies for my own records.

\_\_\_\_\_  
Signature or adult student or parent/guardian of minor student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Relationship to student



# South Bay Dance Academy

WELCOME TO SOUTH BAY DANCE ACADEMY (SBDA)  
(Student Copy)

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\_\_\_\_\_  
Signature or adult student or parent/guardian of minor student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to student



# South Bay Dance Academy

## Authorization for Credit Card and Auto-payment Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN

Student's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

All information will remain confidential.

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Credit Card Type:    \_\_\_ Visa    \_\_\_ Mastercard    \_\_\_ Discover    \_\_\_ Debit

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

I parent/guardian or adult student, \_\_\_\_\_, give my authorization to Southbay Dance Academy to charge my credit/debit card by auto-pay on the 25<sup>th</sup> of every month for the following amount: \$\_\_\_\_\_.

Renewal fee will also be automatically charged on the month of initial registration. (\$35.00)

I also authorize Southbay Dance Academy to charge the credit card provided herein for purchases requested, by me, through telephone communication, voicemail message and email correspondence. Purchases can include, but are not limited to: tuition payment, exams, merchandise, tickets, and/or performance fees. I agree to pay for purchases in accordance with the issuing bank cardholder agreement.

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

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

Print Name: \_\_\_\_\_