Crane Artistic Creations Dance Company

2025/2026 Registration Form & Studio Contract

Dancer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dancer Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dancer Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical/Allergy Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Emergency Contact Relationship To Dancer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about CAC Dance Company and did anyone refer you to us?

Please fill out the following with what classes you are enrolling your dancer in:

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| --- | --- | --- |
| **Class Title:** | **Day Of The Week:** | **Time:** |
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**Payment Policies Signature and Waiver**

I acknowledge and understand that I am enrolling for a 9-month dance year, September through June. I understand there are no refunds. I acknowledge responsibility for the full dance year’s tuition June being prorated. Classes are not paid class by class. I agree to pay the tuition fees by the 1st of every month and know there is a $5.00 late fee added each week I am late. CACDC does not mail tuition invoices. I understand that I must pay a $30.00 insufficient funds fee for all returned checks. I understand there will be costume fees and recital fees along with fees associated with competition team if I choose to participate. I understand that if I discontinue mid-season and later register again, I must re-pay a registration fee. I reserve the right to discontinue my payment obligation to Crane Artistic Creations Dance Company, provided that I notify the office in writing, 30 days prior to the last month.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

I (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that participating in Dance classes and activities could involve some possible personal injury. By signing this release form, I/we (The Dancer/Parent/Guardian) intending to be legally bound, assume all risks and waive, release, and forever discharge all rights and claims for damages arising from the performance and participation at Crane Artistic Creations LLC. Including any claims for loss, damages, or injury to my child’s person or property related to the use of any and all spaces used by Crane Artistic Creations LLC. I/we agree to release and hold harmless Crane Artistic Creations LLC, its Teachers, Dancers, Staff Members, and facilities used from any cause of action, claims, or demands now and in the future. I agree Crane Artistic Creations LLC is not liable for any loss or property damage before, during or after classes. I acknowledge that I knowingly and voluntarily assume full risks for physical injury, death, property loss or damage arising out of participation at Crane Artistic Creations LLC, this includes injuries incurred from other students while participating in classes for activities at Crane Artistic Creations or performing at other venues for studio related events.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

By Initialing this statement, I Declare the above stated participant is in good health and is able to participate in strenuous activities such as dance. In the event of an emergency and I am unavailable to authorize a physician to examine, interview, test and if necessary, treat my child as they deem advisable. I also certify to the best of my knowledge that my child nor a member of my household has had symptoms or come into contact with or tested positive for COVID-19. In the event my child was to be exposed to, or contract COVID19 I do not hold Crane Artistic Creations LLC responsible.

Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By Initialing this statement, you understand CACDC will not tolerate poor classroom behavior or disrespectful etiquette. CACDC will not tolerate any negativity towards the business, affiliated staff, or other dance families in attendance whether it be in the studio hallway, surrounding parking lot, on social media or through word-of-mouth gossiping. Negativity will unfortunately lead to dismissal from the studio. I understand CACDC reserves the right to dismiss a participant from the studio for any reason that negatively affects the business.

Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name (printed):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Owner/Director Name (printed):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner/Director Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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