## Still Dancing Studio of Ballet

300 Gleed Avenue, East Aurora, NY (716) 628-9125 ally@StillDancingStudioOfBallet.com StillDancingStudioOfBallet.com 2020-2021 Registration Form

Dance	er's Name	Age	Date of Birth
Addre	ess		
Paren	ıt/Guardian Name		_
Email	Address		_
Phone	e Number		_
Emer	gency Contact (Name)	(	[Phone]
Pleas	e list any medical conditions/allergies	of which t	the studio should be aware:
Class	Selection:		
P	lease check here if you would like more infort	nation abou	t our competition team.
How	did you hear about us?		
Paym	ent:		
•	Tuition is due the first of the month. Payments may be made by cash or check at the studio or online by Visa or Mastercard. A \$10 late fee will be charged to your account if payment is not made within the first week of the month. In the event of a returned check, a \$30 fee will be posted to your account.  Notify the studio immediately if a dancer must withdraw from class. Charges will be invoiced until notification.		
Conse	ent:		
•	<ul> <li>I assume all risks associated with participating in dance class and shall not hold Still Dancing Studio of Ballet liable for personal injuries.</li> <li>I give permission for my child's emergency medical treatment if a parent cannot be reached.</li> <li>I authorize Still Dancing Studio of Ballet to include my child's photo/video in publications, advertising, and website.</li> </ul>		

Parent or Guardian Signature

\_Date \_\_\_\_\_