STUDENT INFO:	
FIRST NAME	LAST NAME
BIRTHDATEM/D/Y	YR YEARS OF DANCE EXPERIENCE
PARENT INFO:	
Parent 1. FIRST NAME	LAST NAME
CELL#	OTHER#
EMAIL	
Parent 2. FIRST NAME	LAST NAME
CELL#	OTHER #
EMAIL	
MAILING ADDRESS:	
DISABILITIES/INJURIES/ALLERGIES	S:
EMERGENCY CONTACT INFORMAT	ION:
PRIMARY ACCOUNT HOLDER NAME	E:
HEALTH INSURANCE CARRIER	
GROUP # AND POLICY #:	
STUDENT MAY BE PICKED UP BY T	HE FOLLOWING PEOPLE:
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<u>TUITION:</u> TUITION WILL AUTOMATICALLY BE DEBITED ON <u>THE FIRST OF EACH MONTH</u> FROM DEBIT OR CREDIT CARD ON FILE. WE DO NOT TAKE CHECKS OR CASH FOR TUITION PAYMENTS.

<u>TUITION ADJUSTMENTS:</u> Tuition remains the same regardless of a 3 week or 5 week month and regardless of absences.

<u>LATE FEES:</u> Tuition is due on the1st and considered late after the 10th of each month and is subject to a \$10 late fee.

TUITION CANCELATION: CLIENTS MAY CANCEL THEIR SCHEDULED MONTHLY CLASSES ANYTIME BEFORE THE 1ST OF THE NEW MONTH AS LONG AS THE RECITAL PERMISSION SLIP HAS NOT BEEN SIGNED. NO REFUNDS WILL BE GIVEN AFTER TUITION HAS BEEN PROCESSED. IF FOR ANY REASON YOU CANNOT CONTINUE LESSONS THAT HAVE BEEN PAID FOR, A CREDIT FOR FUTURE CLASSES WILL BE ISSUED AT THE DIRECTORS DISCRETION.

<u>LATE TO CLASS</u>: If student is more than <u>5 minutes late</u> to class and/or has <u>missed stretching</u>, student will not be allowed to participate in class due to possible injuries.

MISSED CLASS: You must call or e-mail us to schedule a make-up class within <u>14 days</u> of absence or make-up class is forfeited.

MAKEUP CLASS: If a make-up class must be rescheduled, <u>48 hours</u> notice is required. You may not use a make-up class to enroll in a class.

ATTIRE: If dress code is not followed, student may be asked to sit out.

PRIVATE LESSONS: May be rescheduled with 24 hours notice.

<u>PHOTO/VIDEO RELEASE</u>: Center Stage Dance Academy Staff has the right to take photographs/videos of my child in connection with activities in dance. I also agree that Center Stage Dance Academy may use such photos and videos for any lawful purpose, including, but not limited to, publicity, illustration, advertising, and web content.

ZERO TOLERANCE BULLYING POLICY: CENTER STAGE DANCE ACADEMY AND ITS STAFF HAVE THE RIGHT TO DISMISS OR REMOVE ANY STUDENT OR PARENT FROM THE STUDIO FOR ANY RUDE, ILLICIT, DISRESPECTFUL BEHAVIOR OR MISCONDUCT TOWARD ANY OTHER PARENT, TEACHER, OR STUDENT.

<u>2-5 YEAR OLD CLASSES:</u> I understand that hitting, spitting, biting, pushing, pinching, and bad language are unacceptable and my child will sit in time-out if this happens. Everyone has a maximum of 3 strikes and will be dismissed from the studio if the above behaviors are not corrected.

I HAVE READ AND AGREE TO THE TE	ERMS ABOVE:	
(Sign)	(Date)	

WAIVER AND RELEASE OF LIABILITY

It is required that all dance students be covered by their own family insurance policies and if injury occurs it is understood that the student's own policy is the only source of reimbursement. I understand that in dance there is a certain level of risk of injury involved, In the event that a medical emergency occurs, Center Stage Dance Academy staff has my permission to seek medical attention for my child or self. I further understand that all fees and liabilities pertaining to any events are my responsibility and that Center Stage Dance Academy and it's agents will in no way be held responsible. Center Stage Dance Academy is not responsible for any injury or loss of property suffered by any person while watching of participating in activities at or with Center Stage Dance Academy for any reason whatsoever, including but not limited to negligence on the part of the plaza, employees, volunteers, teachers, students, managers, or agents. In consideration of my participation in any of the activities offered by or at Center Stage Dance Academy, I hereby release the Center Stage Dance Academy, its employees, owners, volunteers, teachers, students, managers or agents, from any and all present and future claims resulting from negligence on the part of Center Stage Dance Academy or others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instruction in any Center Stage Dance Academy activity or any activities incidental thereto, wherever, whenever, or however the same may occur. These activities include, but are not limited to: activities, classes, performances, transportation, events, and training sessions. I hereby voluntarily waive any and all claims resulting, both present and future, that may be made by me, my family, estate, heirs, or assigns. I am aware that the activities offered by or at Center Stage Dance Academy may be hazardous, involve risk of serious bodily injury, death, or property damage and I am voluntarily participating in these activities with knowledge of the risks. I expressly assume the risk of these dangers including, but not limited to slips, falls, objects or persons falling on persons, equipment failure, transportation incidents, injury from equipment, as well as other anticipated and unanticipated risks. I am aware of these risks and numerous other inherent risks in observing and participating in activities offered by or at Center Stage Dance Academy and I assume these risks. I agree to indemnify and hold harmless the Center Stage Dance Academy employees, volunteers, managers, teachers, owners, students, and agents for any and all claims arising as a result of my engaging in or receiving instruction in activities in conjunction with, by or at Center Stage Dance Academy, or any activities or transportation incidental thereto.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT. THIS IS TO CERTIFY THAT I, AS PARENT/GUARDIAN WITH LEGAL RESPONSIBILITY FOR THIS PARTICIPANT, DO CONSENT AND AGREE NOT ONLY TO HIS/HER WAIVER AND RELEASE OF LIABILITY OF CENTER STAGE DANCE ACADEMY, ITS EMPLOYEES, VOLUNTEERS, MANAGERS, TEACHERS, STUDENTS, OWNERS, AND AGENTS BUT ALSO TO RELEASE AND INDEMNIFY THE AFOREMENTIONED FROM ANY AND ALL LIABILITIES INCIDENT TO HIS/HER INVOLVEMENT IN THESE ACTIVITIES FOR MYSELF, MY FAMILY, MY HEIRS, ASSIGNS, AND NEXT OF KIN.

DATE

For Office Use Only

Initials	
	Trial class form filled out and put on weekly schedule
	All three pages signed and explained
	Checked E-mail Address Legibility
	Enrollment Form Signed (class sizes checked)
	Card put on file and first charge explained and entered
	Enter family into system (check last name for duplicates, if so, write on registration)
	Add Class(es) to students schedule
	Student added to roll book
	E-mail address added to address book
	Welcome e-mail sent
	Folder made and filed