

Bella Moon Studios

Registration Form

Student's Name _____ Birth Date _____
Address _____ Postal Code _____
City _____ Home Tel _____
Email _____
Mother's Name _____ Business Tel _____
Father's Name _____ Business Tel _____
Mother's Cell _____ Father's Cell _____
Emergency Contact _____ Emergency Tel _____
Relation _____

Class _____ Day _____ Time _____

Method of Payment: Cash or Cheque

Terms

1. Registration is not complete until payment has been made.
2. In the event that your child chooses to withdraw from a program, a credit for another session will be issued. There are no cash refunds.
3. Receipts will be issued for tax purposes. Receipts will not be reissued if lost.

Allergy Notification:

**Please List any Allergies or Medical Conditions Bella Moon Studios
Should be made Aware of**

Family Doctor's Name _____ Doctor's Tel _____

Publication Release

Bella Moon Studios is proud to display the talents and achievements of our students whenever possible. We may showcase our students in our publications, school advertisements, website and other studio activities. I will allow and do give permission to include my child's photograph and name in the Bella Moon Studio Publications, website, advertisements, newspapers and television.

Parent/Guardian Signature: _____

"Teaching the world's little stars to shine"

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Release and Authorization

I understand that the risk of injury is inherent in any physical activity and I, on behalf of myself and my child, knowingly and voluntarily accept that risk. I, the undersigned, for myself, my heirs, administrators and executors, hereby waive any release Bella Moon Studios and its staff from any and all claims or damages of any kind arising out of my child's participation in Bella Moon Programs. I also certify that the abovementioned child has been examined by a licensed physician and was found to be in proper physical condition to participate in the said program.

I understand that all Bella Moon Instructors have been thoroughly screened, come highly recommended and are specially trained to work with our students. In dance instruction demonstration and physical guidance is necessary to make corrections and improve technique. I acknowledge that this physical contact is normal and necessary in the proper teaching and training of dance.

I do hereby authorize Bella Moon Studios to obtain medical treatment for my child in an emergency situation where I cannot be reached in time to authorize the treating physician to provide such emergency medical services. This authority includes the power to authorize treatment deemed necessary by a licensed physician.

I recognize and agree to the terms in the above Authorization and Release.

Student _____

Signature of Parent/Guardian _____

Date _____

Program Start Date _____

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