



FANCY FEET DANCE ACADEMY WAIVER/REGISTRATION FORM 2012

STUDENT PROFILE

1) Student's name _____ Age _____ D.O.B. ___/___/___ male female
2) Student's name _____ Age _____ D.O.B. ___/___/___ male female
3) Student's name _____ Age _____ D.O.B. ___/___/___ male female

Parent's or legal guardian's names _____

Email _____

Home Phone [_____] _____ Work Phone [_____] _____ Cell Phone [_____] _____

Street _____

City _____ Zip _____

Emergency Contact (other than parent) _____ Phone _____

Does the student have any allergies or restrictions? Yes No If yes, please explain:

NEW STUDENTS (Please fill out this section if you are a new student)

How did you hear about us? _____ Has the student had any previous dance training? Yes No

Name(s) of current or previous dance school(s) _____

CLASS ENROLLMENT

Please list the intensive your child will be enrolling in

Class/Day/Time: _____ Class/Day/Time: _____

Class/Day/Time: _____ Class/Day/Time: _____

PAYMENT OPTIONS

I am attending a free introductory class: Class Name _____ Date/Time _____

Cash

Credit Card CC# _____ Exp Date _____

Charge my card the monthly tuition on the 1st of every month \$ _____ (monthly tuition amount)

Do Do Not charge my card for costume/recital fees/competition fees.

Check Check # _____

Release of Liability

As the legal parent or guardian, I release and hold harmless Fancy Feet Dance Academy, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Fancy Feet Dance Academy, its owners and operators or in route to or from any of said premises.

Medical Emergency

The undersigned gives permission to Fancy Feet Dance Academy, its owners and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health. I request that our doctor/physician _____ be called and that my child be transported to _____ hospital.

Payment and Tuition Information

Tuition is due by the 1st of the month. If accounts are paid after the 5th of the month, there will be a \$10.00 late fee applied to the account balance. There is a \$25.00 returned check charge for any checks returned by the bank. We do not prorate months for missed days, holidays or school vacations. Please review our studio policies. Membership is month to month until cancellation with a 15 day written advanced notice.

I've read all of the above and agree.

_____ Date ___/___/___

Signature of parent or legal guardian, if student is under age 18, or student age 18 an older