

# studiobleu



d a n c e c e n t e r

## Registration Form 2011-2012

Student's Name [Last, First]: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents (Guardians) Names: \_\_\_\_\_

Mother's Work Phone: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_ Mother's Cell: (\_\_\_\_) \_\_\_\_\_

Father's Work Phone: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_ Father's Cell: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ [  ] Please check to join email mailing list

Emergency Contact (other than parents):

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Auto-Payment by Credit Card: Visa/Mastercard

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_

3 Digit Code on back of card: \_\_\_\_\_

How did you hear about Studio Bleu Dance Center? (circle one)

Newspaper, Sign, Website, Referred By: \_\_\_\_\_

Day	Time	Class	Length

**::Office Use Only::**

Date: \_\_\_\_\_ Account: \_\_\_\_\_ Registration Fee: \$30 New / \$25 Returning (Please Circle)

Total Amount Due: \_\_\_\_\_ Total Amount Paid: \_\_\_\_\_ Balance: \_\_\_\_\_

Cash : \$ \_\_\_\_\_ Check: # \_\_\_\_\_ \$ \_\_\_\_\_ Credit Card: \$ \_\_\_\_\_

## Conditions of Enrollment Statement of Responsibility and Release

[Please check each box]

- I, the undersigned parent of legal guardian of the dancer listed, do hereby give permission for the aforementioned person to participate in any and all classes, programs, shows, and events offered by Studio Bleu Dance Center. I accept all risks associated with that participation and understand that there is a full possibility of serious physical illness and/or injury.
- I understand and accept that Studio Bleu Dance Center, its staff, instructors, their landlords, or lessors are not responsible for injury to myself or my child, whether based on allegations or not, in any way, by any reason of my participation in SBDC classes, rehearsals, performances, and/or any other related events. I also affirm that I now have and will continue to carry proper medical, health, hospitalization, and accident insurance, which I consider adequate for my dancer.
- I understand and accept that SBDC is not responsible for the immediate medical needs of its students. In consideration thereof, I agree to keep updated emergency contact information on file where a contact person may be reached during class, classes, rehearsals, performances, and related programs/events.
- Do you or your dancer have any special conditions or allergies that SBDC should be aware of? If so, please explain:

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- I understand and accept that dance instruction may include or require an instructor to physically touch a dance student during class time for purposes of alignment or correction of proper dance technique.
- I understand and accept that SBDC will not be held responsible for any loss or damage to any personal property brought onto the premises or at performance/rehearsal sites.
- I have read, understand, and agree to abide the rules of conduct and behavior as stated by Studio Bleu Dance Center. SBDC has the right to dismiss any student or parent for any improper conduct and/or behavior.
- I understand and agree to pay the stated non-refundable fees for participation in SBDC including: registrations fees, class tuition, recital costumes, and recital fees. I understand that tuition fees will continue to be charged until the studio is notified of class withdrawal in writing.
- I understand and accept that any photographs/videos taken during class, rehearsals, and performances may be used by SBDC for publicity and/or display purposes.
- I have read and agree to the studio policies and procedures outlined in the Student Handbook. I also have received a copy for my personal reference.

\_\_\_\_\_  
(Signature of Parent/Guardian if student is under age 18)

\_\_\_\_\_  
Date