



Student's Name: _____ Male / Female

Address: _____ City: _____ Zip Code: _____

Home Phone: (____) _____ Date of Birth: ____/____/____ Age: _____ Grade: _____

Parents (Guardians) Names: _____

Mother's Cell: (____) _____ Father's Cell: (____) _____

Email Address: _____
(This will be our main form of communication.)

Emergency Contact (other than parents):

Name: _____ Home Phone: (____) _____ Cell: (____) _____

How did you hear about us? _____ Referred By: _____

Credit Card Policy: All Accounts must have a credit/debit card on file. We accept Visa or MasterCard.

- Please debit my card for \$_____ today, November 1st, January 1st, March 1st and May 1st.
- Competition Fees will be charged on the due dates to the card on file unless you notify the front desk in writing.
- I prefer to pay my account by check or cash. I understand that SBDC will debit my card for \$_____ plus a \$25 late fee on November 11th, January 11th, March 11th and May 11th if payment has not been made by the 10th of the month in which it is due.

Credit Card/Debit Card: _____ - _____ - _____ - _____

Expiration: ____/____

Card Holder Signature: _____ Date: _____

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 and/or legal guardian of the dancer listed, do here give permission for the aforementioned participate person to 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:

- 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 by 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: registration fees, class tuition, recital fees recital costumes, and. **I understand that tuition fees will continue to be charged until the studio is notified of class withdrawal in writing (30 Days in advance.)**
- 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. I also have received a copy for my personal reference.

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

Date