

Registration Form

Stage Lights Dance Academy

Day	Time	Class	Hrs
Day	Time	Class	Hrs
Day	Time	Class	Hrs
Day	Time	Class	Hrs
Day	Time	Class	Hrs
			Total hours here: _____
Discounts applicable? (Team) (Family) Amount			

Students Name (First)	(Last)	Age	Birth Date	M/F
2 nd Student (First)	(Last)	Age	Birth Date	M/F
Billing Name (if family name is different)		Father's Name	Mother's Name	
Billing Address (Street)	(City)	(State)	(Zip)	
Home Phone	Mother's Work Phone	Father's Work Phone		
Cell #(s)		E-mail address(es)		
List any learning or physical conditions of the student. A doctor's note may be requested. List any food or medication allergies.				
If new to our studio, please list previous experience, if any _____				
How many years have you been with Stage Lights?(if current student) _____				
How did you hear about Stage Lights? (if new) _____				

(use back to list classes for multiple students or for more room)

PARENTAL RELEASE: The undersigned has or will receive the student handout and agrees to abide by the rules and regulations of Stage Lights Dance Academy. The undersigned releases any and all rights and claims including physical or emotional claims, costs, liabilities, expenses or judgments, including attorney fees and court costs arising out of the participation of the above named student(s), and thereby agree to indemnify and hold harmless (Unity~N~Motion dba Stage Lights Dance Academy) the director, their students, it's employees for any and all injuries or illnesses which may be suffered by the participant in programs associated with (Unity~N~Motion dba Stage Lights Dance Academy). I agree to use my insurance if injuries should occur. Students may be dismissed from the studio at any time, with no refunds or credits. I hereby execute and deliver the Waiver and Release to induce (Unity~N~Motion dba Stage Lights Dance Academy) to permit me or my child to participate in its performances or events on or off site. I hereby grant the permission to administer first aid help and/or call 911 in case of emergency, while attending classes, rehearsals, and performances or events on or off site. I understand the(Unity~N~Motion dba Stage Lights Dance Academy) will attempt to first notify parents and guardians in case of emergency. I understand that the art of dance and nature of dance instruction may sometimes require a teacher to touch me/ my child. I understand that this will happen in a caring, gentle, and appropriate manner. **INSTALLMENT AGREEMENT: I agree to make full installment payments through June, or until I have notified (Unity~N~Motion dba Stage Lights Dance Academy) in writing, one month in advance of my intention to discontinue classes.** I understand that a \$10 late fee will be imposed after the 15th of each month. **First month and Jun tuition is due upon registration. No tuition is due in June if all tuition is current.** All fees are non-refundable and non-transferable. No refunds or credits. All students are encouraged to participate in the annual production. **PHOTO/ VIDEO RELEASE:** I authorize (Unity~N~Motion dba Stage Lights Dance Academy) to record and photograph my image and/or voice or that of my child, for use by or its assignees in educational or promotional programs. I understand that these images may be edited, duplicated, reproduced and/or reformatted in any form and manner without payment of fees, in perpetuity.

Registration Fee (due today) \$ _____
(\$25.00 per student, or \$35.00 per family)

First Month's Tuition (due today) \$ _____

Last Month's Tuition (due today) \$ _____

Total Paid today () \$ _____

Payment by: Cash Credit Card Check # _____

Balance Due \$ _____

Parents/Guardian Signature and Date
 X _____
 I have read the above policy and have executed this waiver and release.
 X _____ I've read the studio handbook & agree to the studio policies
 Please initial

Check here & complete CC info to be enrolled in auto pay!
 Credit Card Info: Visa or Master Card # _____ - _____ - _____ - _____ Exp _____ 3digit # _____
 Card Holder Name _____ Signature _____