



ArtSmarts Registration

Stage Lights Dance Academy

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 did you hear about Stage Lights? (if new) _____				

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). Students may be dismissed for 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 understand that (Unity~N~Motion dba Stage Lights Dance Academy). 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 on the 1st of each month.** Late fee of \$15 after 10th of each month. All fees are non-refundable and non-transferable. No refunds or credits. **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 at time of registration: \$100.00
Includes equipment (leotard, tights, 1 pair of appropriate dance shoes).

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 _____

Registration (due today) \$ _____ \$100
First Month September (due today) \$ _____ \$290
Last Month ½ June (due today) \$ _____ \$145

Total Paid today () \$ _____

Payment by: Cash Credit Card Check #

Balance Due \$ _____

☐ Check here & complete CC info to be enrolled in auto pay!

Credit Card Info: Visa or Master Card # _____ - _____ - _____ Exp _____ 3digit # _____

Card Holder Name _____ Signature _____

Is the Billing address for this card the same as above? If not, Please include here _____