



# DANCE STUDIO No 1

12121 W. PICO BLVD, SUITE 2C • LOS ANGELES • CA 90064

TEL (310)979-9929 • FAX (310)979-9920 • DANCESTUDIONO1@GMAIL.COM

Please complete **both sides** of the registration form. Incomplete registration forms cannot be processed.

**2017-2018**

Student's Name: \_\_\_\_\_

Likes to be called: \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_ relationship \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ relationship \_\_\_\_\_

Address: \_\_\_\_\_ Street Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Home \_\_\_\_\_ Cell (Mom/ Dad) \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Email: \_\_\_\_\_

*(Email addresses will be kept confidential and be used to periodically send communications such as newsletters, class confirmations, reminders, cancellations, and other important business information).*

How did you hear about us?  word of mouth  signage  website  other \_\_\_\_\_

## Dance Studio No.1 Guidelines & Policy

- A signed registration form along with the registration fee must be received by the Studio before the student may attend class.
- Dance Studio No. 1 is not responsible for students leaving the facility without proper accompaniment. For parents/caretakers of students in our Young Children's Program, please do not leave the Studio premises while your child is in class.
- The risk of injury exists in any physical activity. Dance Studio No. 1 cannot be held responsible for personal injury.
- The Studio is not responsible for lost or stolen items. Please do not bring anything of value to the Studio.
- In registering your child, you give your permission to use class or performance photographs for the marketing and public relations of Dance Studio No. 1.
- A student cannot change classes and/or move to another level unless approved by a teacher.
- Dance Studio No. 1 reserves the right to change the schedule and/or the teacher as it deems necessary.
- All communications of a personal or personal nature with Dance Studio No. 1 staff must be through the Studio's reception only.
- Once enrolled, students are automatically added to the following session, until the end of the school year. **Notify us at least one week prior to the start date of the new session if your child is withdrawing from the class.**
- **Class fees are due one week prior to the start date. If tuition is not paid by the second week of the session, a late fee of \$25 per month will be applied to your account.**
- There are **NO REFUNDS**.
- The Studio reserves the right to dismiss or refuse classes to anyone who does not comply with these rules or who otherwise, in our judgment, disrupts the harmony and reputation of our Studio.

I have carefully read Dance Studio No.1 Guidelines & Policy, and fully understand its contents. I acknowledge and understand that, by this agreement, I and the Minor agree to comply with them.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**(PLEASE TURN OVER FOR 2ND PAGE)**

Agreement and Release

I, the undersigned, hereby authorize Dance Studio No. 1, its owners, officers, directors, affiliates, agents, employees and independent contractors, ("Studio") to authorize and consent to the administration of any emergency medical treatment on behalf of the above named minor ("Minor"), which the Studio in good faith believes to be necessary or, if there is time, after consulting with a licensed physician or paramedic, emergency care including, but not limited to: x-ray examinations and medical or surgical diagnosis or treatment and hospital care to be rendered to the Minor under the general or special supervision and upon the advice of any licensed physician, surgeon, dentist or paramedic. This authorization is provided in advance of any specific diagnosis, treatment or hospital care being required. The Studio will attempt to contact the undersigned prior to consenting to emergency medical care for the Minor, but emergency medical care will not be withheld if the undersigned cannot be reached.

The undersigned expressly represents that the Minor is in a condition of good health and soundness of mind and body that warrants his/her undertaking all aspects of the Studio's programs. Any and all risks assumed by Minor in all aspects of the Studio's programs are hereby assumed and undertaken by the undersigned and the Minor. The Studio shall not be liable for any claims, demands, injuries or causes of action whatsoever to person or property connected with the use of any of the services or facilities of the Studio or while at or adjacent to the parking area and premises known as 12121 Pico Blvd., Los Angeles.

I have carefully read this agreement and release, and fully understand its contents. I acknowledge and understand that, by this agreement, I and the Minor agree to assume all risks of participating in the Studio's programs and in the event of the Minor's illness or injury, we have no recourse against the Studio. I hereby represent that I am the Minor's authorized parent or guardian.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dance Studio No. 1 12121 W. Pico Blvd. Suite 2C Los Angeles, CA 90064 <b>*For official use only*</b> 2017-2018 Registration Paid: _____/_____/_____	
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	1 <sup>st</sup> Session	2 <sup>nd</sup> Session	3 <sup>rd</sup> Session	4 <sup>th</sup> Session	Summer
Dance Grade					
Requested Classes					

**\*For official use only\***

Amount					
Check					
Date					
Initials					

All applications are considered in the order received. If the requested class or classes are not available, we will suggest alternative classes and/or place you on waiting lists.

10% Sibling Discount - Name of Sibling: \_\_\_\_\_ Class Level: \_\_\_\_\_