

Registration Form



DATE		STUDIO MANKATO NEW ULM OR ST PETER	
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SELECT ONE

<input type="checkbox"/> Current Student	<input type="checkbox"/> Former Student	<input type="checkbox"/> Summer Student	<input type="checkbox"/> New Student
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STUDENT INFORMATION

Last name		First		Middle	
Nick name		Birthdate		School (academic)	
Grade		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Language spoken at home	

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1		Home		Mobile	
Parent/Guardian #2		Home		Mobile	
Street Address				Apartment/Unit #	
City		State		ZIP	
Email #1		Email #2			

EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN

Name		Relation		Phone	
Name		Relation		Phone	

MEDICAL INFORMATION

Please indicate any medical conditions that the staff should be aware of and/or limit your child's activities (i.e. allergies, asthma, injuries, learning differences, physical limitations and medical conditions.)

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Wears glasses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing difficulty	<input type="checkbox"/> Yes <input type="checkbox"/> No
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NEW STUDENTS ONLY

Previous training	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, studio name	
Number of years		Returning students may indicate number of dance years to verify with office records	

CLASS REGISTRATION

***Class times are subject to change, based on enrollment**

Please Register me for the following class

#		Day		Time	
#1					
#2					
#3					
#4					

MEDICAL RELEASE

- I give my child permission to participate in the classes/programs for which I have registered.
- I certify that my child is in proper physical condition to take part in all activities.
- I realize that there are certain risks involved in dance, tumbling and the other physical activities of our programs.
- In consideration of the above, I hereby release and hold harmless Dance Conservatory, its faculty/staff members and the directors from and against any liability or claim for any loss of property, injury, harm, cost or damage sustained as a result of my child's participation in classes, activities, performances, events and camps/summer programs.
- I have completed the required medical information included with this registration form, indicating any allergies (environmental, food, or other), asthma, injuries, physical limitations, learning differences, medical conditions, and medications. I give permission to secure emergency medical attention in the event my child is injured or becomes ill and I or my assigned emergency contact(s) cannot be reached.

Parent/Guardian Signature

Date

STANDARD PHOTO AND VIDEO RELEASE FORM FOR MINOR

I hereby irrevocably grant and authorize Dance Conservatory of Southern MN the right to take, edit, alter, copy, exhibit, publish or distribute for their use any photographs or videotape material taken of my student/myself to be used in and/or for promotional materials including, but not limited to newsletters, flyers, posters, brochures, advertisements, fundraising letters, press kits, and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other considerations. I waive any right to inspect or approve the finished product of my likeness.

Parent/Guardian Signature

Date

PAYMENT POLICY

Please be advised that you are registering for a 9-month commitment and by submitting this registration you are agreeing to be financially responsible to pay for this commitment. Accounts are charged on the first of each month. Tuition may be paid prior to the first in cash, check, or credit card through PayPal. Tuition is not pro-rated for absences or studio closures. Dancers are encouraged to attend makeup classes for classes missed. If Tuition is not paid by the 15th, a Late Fee will be charged.

Parent/Guardian Signature

Date

WITHDRAWAL POLICY

To withdraw my child from classes at Dance Conservatory, I understand that I must notify the studio and complete the withdrawal form; not attending classes does not constitute withdrawing. I am responsible for giving a 15 day written notice and responsible for tuition for this timeframe, including a \$30 drop fee after November 30th. After January 1st, the drop fee will be \$50 plus tuition during the timeframe. If costumes have already been ordered, I understand that I will comply with all payment policies for the costumes and I understand that I can pick up the costume they have arrived.

Parent/Guardian Signature

Date

Membership Fee \$20-due by August 1st.

\$30 per dancer after August 1st.

****This membership fee is non-refundable and must accompany this form in order to guarantee your registration.****

Session classes do not pay the registration fee.

Performance classes also pay a costume deposit per registered class due by Oct 1st. More detailed information on costume deposits to come.

Form: Release from Liability, Waiver of Claims & Assumption of Risk



RELEASE FROM LIABILITY, WAIVER OF CLAIMS & ASSUMPTION OF RISK

Last Name		First		Date	
Street Address				Apartment/Unit #	
City	State		ZIP		
Phone		E-mail Address			

I, on behalf of myself, my heirs, executors, agents, assigns, and representatives, hereby indemnify, release and forever hold harmless Dance Conservatory of Southern MN, as well as its directors, employees and instructors, from any and all claims of liability arising from any accident, personal injury, death, or property loss or damage sustained by my child/myself/the minor child for whom I am a legal guardian, while that person is participating in activities connected with Dance Conservatory of Southern MN, including dance classes, rehearsals, performances, parties, camps or other activities. I understand that dance activities have inherent risks of injury, and, being fully aware of all risk, I consent to have my child/myself/the minor child for whom I am a legal guardian, participate in the programs and activities offered by Dance Conservatory of Southern MN, and I accept full responsibility for providing adequate health and accident insurance coverage for the protection of all of the following who participate in these programs/activities: my child/myself/the minor child for whom I am a legal guardian. By signing this statement, I declare that the aforesaid participant is in good health, with no physical conditions that might prevent his/her/my participation in dance classes, rehearsals, performances, parties, camps or other activities at Dance Conservatory of Southern MN.

Further I understand and acknowledge that because of the physical nature of dance, there may be physical contact between instructors and students during classes or other activities. I understand that at times, for proper instruction and safety, physical contact is required and necessary.

I have carefully read this Waiver, Release, & Assumption of Risk and fully understand its contents. I understand that this is an assumption of risk and release of liability, and I sign it of my own free will.

ACCEPTED BY

Print Parent/Guardian Full Name		
Signature Parent/Guardian		
Print Student/Child Name		
Date		