

Superior School of Dance-Registration form 2010-2011
101 Front Street, Hancock, ME 49930

Student's Name _____ Birth date ____/____/____ Age _____ School grade _____

School and time out of school _____

Classes/Day/Time Ballet _____ Tap _____ Jazz _____ Modern _____ Hip-Hop _____ Improve/Choreo _____
Stomp _____ Adult _____

Person responsible for account _____ Home phone _____

Cell Phone _____ Work phone _____ E-mail _____

Address _____ Other parent's name _____

Emergency contact other than parent _____ Phone _____

Family physician _____ Phone _____

Payment method: Check _____ Cash _____ MTU plan _____ Installments _____

Authorization for Enrollment and Release from Liability

I authorize Superior School of Dance and Gymnastics to enroll the student named on this form in dance classes, and I represent that the student is physically able to participate in dance classes. The student's prior medical history, physical condition, weight make it possible for him/her to participate safely. The student's personal physician agrees that the student is able to participate. Given the nature of dance classes and with the knowledge that sometimes injuries occur, I do hereby release the Superior School of Dance and Gymnastics from any liability from any accident or injury occurring on or around the studio / gym premises or at any function held at other locations in conjunction with the dance classes in which the above named student on this form is enrolled.

I accept the payment for the tuition for those classes, according to the schedule for the current year. I understand that there is no reduction in tuition for classes not attended. I understand that pro-rating a tuition for late enrollment must be approved and discussed with Nicole. Payments must be paid in full by the end of each session.

In the event of injury /emergency when I can not be contacted, I give Superior School of Dance & Gymnastics permission to obtain medical services for the student named above.

Initials _____ Date _____

Production Agreement

Please sign below to indicate that the student/parent(s) understands the rule and is committed to abide by all the rules.

<input type="checkbox"/> I plan to be in the winter production.	<input type="checkbox"/> I do not plan to be in the winter production
<input type="checkbox"/> I plan to be in the spring production	<input type="checkbox"/> I do not plan to be in the spring production.
<input type="checkbox"/> Production Fee \$20.00	<input type="checkbox"/> Production Fee \$20.00

I understand that the deposit for costumes(s) is due by **Dec18,2010** and that **no costume will be ordered unless the deposit is paid, this permission slip is signed and tuition account is up to date.** Payment of the deposit indicates the intent to be in the production and agreement to abide by the rules. I understand that once the costumes have been ordered there is no refund for costumes, accessories, or tuition and that once a costume is ordered I am responsible for payment in full by production week.

Initials and date _____

Office staff only: Method of payment: _____

Amount due: _____

Amount paid and date: 1. _____ 2. _____ 3. _____

Balance remaining: _____

Staff initials and date: _____

I have read and updated all necessary information regarding my child for the consecutive dance terms.

Term II _____

Term III _____