

☐ New Student

☐ Returning Student

Chillicothe Dance

Student Registration Form

STUDENT INFORMATION

Student's Name: _____ Birth Date: _____ Age: _____

School: _____ Grade: _____

Home Address: _____ City: _____

Zip Code: _____ Home Phone Number: _____

PARENT(S)/GUARDIAN(S) RESIDING WITH CHILD

1. Name: _____ Relationship to Child: _____

Cell Phone: (____) _____ Work Phone: (____) _____

E-Mail: _____ Place of Employment: _____

2. Name: _____ Relationship to Child: _____

Cell Phone: (____) _____ Work Phone: (____) _____

E-Mail: _____ Place of Employment: _____

SEPARATED PARENT

Name: _____ Relationship to Child: _____

Authorized to Pick Up Child: Yes____ No____

Home Address: _____ City: _____ State: ____ Zip: _____

Contact Phone: (____) _____ E-Mail Address: _____

ALL PERSONS AUTHORIZED TO PICK UP CHILD

1. Name: _____ Relationship to Child: _____ Phone: _____

2. Name: _____ Relationship to Child: _____ Phone: _____

FAVORITE MUSIC: _____

Class Name Day Time

1. _____
2. _____
3. _____
4. _____

How did you hear about our studio? _____

Please list prior dance experience (i.e. number of years, technique studied, teachers, etc.):

PAYMENT INFORMATION

Plan A: 12-week session

Plan B: Monthly payment

Registration Fees: New Student: \$25 Returning Student: \$20

Registration Fee per family: \$_____ Tuition: \$_____

I understand that one make-up class is permitted for each class my child misses. Make-up classes must be taken within 30 days of the missed class(es). I also understand that all fees paid are nonrefundable and nontransferable. The returned check/declined card fee is \$35. Should this provision have to be enforced by legal means, the undersigned person(s) is responsible for payment, as liquidated damages, the costs of collection, plus interest at the legal rate and reasonable attorney's fees as determined by the Court or 15% of the amount collected failing such determination.

PERSON RESPONSIBLE FOR PAYMENT:

PRINT NAME: _____ SIGNATURE: _____

DATE: _____ RELATIONSHIP TO STUDENT: _____

WITNESS (Must be at least 18 years of age): _____

RELEASE AND AUTHORIZATION

Name of Student: _____ Indicated in the space below are any health problems or conditions of which the studio should be aware (such as heart, back, medical, allergy, muscular, pregnancy, diabetes, epilepsy, chemical or neurological condition, special medication, knee/kidney/shoulder problems, etc.). I understand that risk of injury is inherent in any physical activity and I, on behalf of my child and myself, knowingly and voluntarily accept that risk. I, the undersigned, for myself, my heirs, administrators, and executors, hereby waive and release Chillicothe Dance individually and its staff from any and all claims or damages of any kind arising out of my child's participation in the exercise and/or dance program of Chillicothe Dance. I further certify that the aforementioned student is in proper physical condition to participate in the exercise/dance program and that he/she has been examined by a licensed physician and found to be in proper physical condition to participate in said program. I, the undersigned, do hereby authorize Chillicothe Dance or designated agents (being teachers or administrators for Chillicothe Dance) to obtain medical treatment for my said child in emergency situations where I cannot be reached in time to authorize the treating physician to provide such emergency medical services. I understand that I am responsible for any medical expenses and that the absence of health insurance does not make Chillicothe Dance responsible for payment of medical expenses. This authority includes the power to authorize any and all treatment deemed necessary under the circumstances by a licensed physician.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____
WITNESS (Must be at least 18 years of age): _____

Physician: _____ Hospital Preference: _____

Insurance Company Policy No.: _____

Allergies (food, medicine, etc.): _____

MEDIA RELEASE

I give permission for my child's image and myself and to be used in advertising, social media, YouTube, newspapers, magazines, yearbook, etc. releasing all photographs and video footage to Chillicothe Dance.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____
WITNESS (Must be at least 18 years of age): _____

DISMISSAL

Chillicothe Dance is team oriented, therefor any gossip, backbiting, or disruption of studio activity will result in dismissal from the studio. This includes items posted in social media by the student or those related to the student.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____
WITNESS (Must be at least 18 years of age): _____

