

**EVOLVE DANCE COMPLEX
Student Registration Form 2019–2020**

Student's Name (First, Last): _____

Date of Birth : _____

Grade _____ School Attending _____

Have prior dance experience: y n

Mailing Address: _____ City/Town _____

State: _____ Zip: _____ Phone: _____

Guardian Name: _____

Guardian Cell #: _____

Emergency Contact Name /Number: _____

***Email address (required):** _____

Please advise us of any medical conditions that may affect the student's participation: _____

Agreement for Participation:

Please read and sign the following policies and releases: I understand that dance classes may include, without limitation, dancing with props, stretching, Acro, tumbling, barre work, across the floor combinations, dance routines, and other related activities. I further understand that all of the activities of the dance class involve some degree of risk of strain or bodily injury. Insurance Agreement: I agree to release, discharge, and hold harmless Evolve Dance Complex and its staff, of and from any claims, demands or liability of damage and/or injury arising from the participation of my child in any programs of Evolve Dance Complex. In the event my child becomes injured and/or ill, I authorize the staff of Evolve Dance Complex to obtain medical attention for my child at a physician's office or hospital. I understand that every effort will be made to reach me before medical permission is given to treat my child. My child has the following insurance coverage:

Insurance Company: _____

Insurance Phone Number: _____ Group #: _____

I have received the student handbook and agree to adhere to all the content stated therein including:

*Studio Policies & Procedures *Tuition & Payment Information *Dress Code & Class Procedures

I agree to be responsible for reading studio correspondence and respecting deadlines.

I hereby acknowledge that I have read the statements above and agree to participate accordingly

Date: _____ Signature: _____

CLASS	DAY/TIME	TEACHER		MINUTES
1)				
2)				
3)				
4)				
5)				

TOTAL MINUTES: _____

SUBTOTAL TUITION: _____

FAMILY DISCOUNT: _____

REGISTRATION: \$30.00- FAM \$40: _____

TOTAL MONTHLY TUITION: _____

