



2017-2018
REGISTRATION FORM
PLEASE PRINT

Student Name: First _____ Last _____

Name for roll call _____ Age _____ Date of Birth _____

Second Child: First _____ Last _____

Name for roll call _____ Age _____ Date of Birth _____

My child has the following medical and/or health concerns the studio & her/his teacher needs to be aware of:

Mother Name First _____ Last _____

Father Name First _____ Last _____

Address _____

City _____ State _____ Zip _____

Email address for correspondence: _____

School Attending for 2017-2018 _____ Grade _____

Home Phone (____) _____ Mother Cell Phone (____) _____

Mother Work (____) _____ Father Cell (____) _____

Father Work (____) _____ Other Authorized to pick up child _____

Other Cell (____) _____ Child's Cell (____) _____

Please list all medications your child is taking: _____

Trying out for competition team? (Circle One): No Team-Classes Only / Competition Team

WAIVER & RELEASE

I agree to participate in the Performing Arts programs presented by SpotLite Dance Studio, LLC conditioned as follows:

1. I, the adult applicant or I, the parent or legal guardian of the applicant listed below, hereby give approval of the applicant's participation in any and all SpotLite Dance Studio programs and activities registered below. I do waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, supervisors, participants and persons involved in the operation of SpotLite Dance Studio, LLC programs for any claims arising out of injury or other loss to named applicant or any member of his/her family whether as a participant in the activities or as a spectator. I also give permission for SpotLite Dance Studio, LLC to take photos of me or my child to use for the website and for purposes of promoting the school.
2. I hereby execute this Waiver & Release form to induce the company to permit me or my child to participate in this program.
3. I understand that SpotLite Dance Studio, LLC will be taking an automatic draft for monthly tuition payments the first of every month. I also understand that SpotLite Dance Studio, LLC will not be taking any other form of payment for monthly tuition fees. I understand that a \$25.00 late fee will be charged to my account for payments received after the 10th of each month.
4. I understand that if I wish to drop any classes, written notice must be given to the front office 30 days in advance, at which time I am responsible for tuition. *I understand that Registration Fees, tuition, costume fees and recital fees are non-refundable.*
5. I understand that year-end show fees are in addition to normal monthly tuition.
6. I understand that at any time, my child may be excused from SpotLite Dance Studio, LLC due to behavioral misconduct.

I have read the Waiver & Release section and the rules and regulations and fully understand the rules and regulations of the studio.

I have executed this Waiver and Release this _____ day of _____, 2017(18)

Signed _____

Class Number 1: _____ Day: _____ Time: _____

Class Number 2: _____ Day: _____ Time: _____

Class Number 3: _____ Day: _____ Time: _____