

# DanceCarolina 2011-2012 Registration Form

Dancer's Name	Date of Birth	Age	Email	School Attends
	/ /			
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**How did you find DanceCarolina? (include personal referrals!)**

\_\_\_\_\_

Returning Student? Yes No

Previous Training (years, studio, style):

\_\_\_\_\_

\_\_\_\_\_

Parents/Guardians	Home Phone	Work Phone	Cell Phone	Email
<b>Mailing Address:</b>				
<b>Community Name:</b>				

## DanceCarolina 2011-2012 Class Registration

Dancer Name	Class Title	Day	Time	Tuition
			Total:	

*Registration Dues:*

<b>First Month or Pro-rata:</b>	
<b>Costume/Perf Fee (if applic):</b>	
<b>Registration Fee (less discount):</b>	
<b>TOTAL DUE AT REGISTRATION:</b>	

<b>Subtotal:</b>	
<b>(Monthly Discounts):</b>	
<b>MONTHLY TUITION:</b>	

Office Use Only:	Date Proc'd	Amt Rec'd	Payment Type
Init:			

**WAIVER OF LIABILITY**

I, the undersigned parent or legal guardian of the dancer(s) listed above, understand that above listed student(s) are taking dance classes at their own risk, and neither DanceCarolina, LLC, nor any instructor or faculty member is liable for any injury sustained during any DanceCarolina class, activity, competition, show, etc. I accept all risk for any illness or injury associated with any participation and waive any right to sue and waive any right or claim for damages against DanceCarolina, LLC, and its owner, staff, and faculty.

**INSURANCE & PERMISSION FOR TREATMENT**

I certify that the aforementioned students are covered by the medical insurance listed below, and that medical insurance will be maintained on every dancer during their tenure at DanceCarolina, LLC. I also authorize DanceCarolina and its owner or instructors to use standard first aid procedure and to consent to any emergency medical procedure as necessary. Furthermore, I certify that I personally and/or my medical insurance carrier will be responsible for all expenses incurred in relation to any injury sustained during any DanceCarolina activity. *(Please list medical coverage below. PLEASE NOTIFY US if information should change during the current season.)*

**Insurance Company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Pertinent Medical Information (allergies, medications, asthma, ADD/ADHD, etc.):**

\_\_\_\_\_  
\_\_\_\_\_

**TUITION AGREEMENT**

I, the undersigned, understand that tuition is due by the LAST WEEK of the previous month, and is considered late after the FIRST BUSINESS DAY of the month. On the SECOND BUSINESS DAY of the month, a \$10 late fee will be added. Any tuition not paid by the 15<sup>th</sup> day of the month will result in a student’s removal from class until tuition is paid in full. If a class is to be discontinued, I will notify DanceCarolina prior to the first class of the month, or will otherwise be responsible for that month’s tuition payment in full. Class tuition will only be waived with accompaniment of doctor’s notice of inability to engage in class activity.

**PHOTO RELEASE**

I further release any and all photography and videography taken during DanceCarolina functions for the sole use by DanceCarolina, LLC and its officers for the purposes of marketing via print, television and web-site marketing or for any other use.

**DANCECAROLINA, LLC RULES & REGULATIONS**

My signature indicates that in addition to the above, I understand and will abide by all rules and regulations set forth by DanceCarolina, LLC and its owner, employees, and faculty. I understand that it is my responsibility to remain abreast of any changes, additions, or notices regarding the company by reading notices sent home with students and/or posted at the studio.

**Parent’s Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_