

\_\_\_\_ New Student

\_\_\_\_ Returning Student

Alice DePass Studio of Dance, Inc.

**ADULT STUDENT REGISTRATION FORM**

**STUDENT INFORMATION**

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Local Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**CLASS PARTICIPATION: (Classes Participating In)**

	<b>Class Name</b>	<b>Day</b>	<b>Time</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

How did you hear about our studio? \_\_\_\_\_

Referred by: \_\_\_\_\_

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

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

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## TUITION

### **Registration Fees:**

New Student: \$35

Returning Student: \$25

Third Family Member (parents/siblings): \$0

Student Registered prior to August 2004: \$0

**Registration Fee: \$ \_\_\_\_\_ Monthly Tuition: \$ \_\_\_\_\_**

*I understand that all fees paid are nonrefundable and nontransferable and that tuition shall be paid at the first class (or when my card expires) unless other arrangements are made by written agreement with both parties. I understand that the fee for a returned check/ declined card is \$35. Should this provision have to be enforced by legal means, I am 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

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 knowingly and voluntarily accept that risk. I, the undersigned, for myself, my heirs, administrators, and executors, hereby waive and release Alice DePass individually and DePass Studio of Dance, Inc. and its staff from any and all claims or damages of any kind arising out of my participation in the exercise and/or dance program of DePass Studio of Dance, Inc. I certify that I am in proper physical condition to participate in the exercise/dance program and that I have 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 Alice DePass or her designated agents (being teachers or administrators employed by DePass Studio of Dance, Inc.) to obtain medical treatment for myself in emergency situations if needed. I understand that I am responsible for any medical expenses and that the absence of health insurance does not make Alice DePass Studio of 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. This power is in essence a power of attorney and shall remain in effect for one year from the date signed below.

SIGNATURE OF STUDENT: \_\_\_\_\_ Date: \_\_\_\_\_

WITNESS (*Must be at least 18 years of age*): \_\_\_\_\_

## EMERGENCY INFORMATION

Physician: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Insurance Company Policy No.: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Additional Information/Comments (i.e. blood transfusions, etc): \_\_\_\_\_

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