



DANCE STUDIO NO 1

12121 W. PICO BLVD. SUITE 2C • LOS ANGELES • CA 90064
TEL (310)979-9929 • FAX (310)979-9920 • DANCESTUDIONO1@GMAIL.COM

Please complete both sides of the registration form.
Incomplete registration forms cannot be processed.

Student's Name: _____

Likes to be called: _____

Date of Birth _____/_____/_____ Age: _____

Parent/Guardian #1: _____ relationship

Parent/Guardian #2: _____ relationship

Address: _____
Street Address
City Zip Code

Phone: _____
Home Work Cell

Email: _____

School Student Attends (Optional): _____

Emergency Contact: _____
Phone Relationship

Special Needs, e.g. allergies: _____
(please inform your teacher)

How did you hear about us? _____

Student's Name: _____

Dance Studio No. 1 12121 W. Pico Blvd. Suite 2C Los Angeles, CA 90064 *For official use only* 2010-2011 Registration Paid: _____/_____/_____					
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	1 st Session	2 nd Session	3 rd Session	4 th Session	Summer
Dance Grade					
Requested Classes					

For official use only

Amount					
Check					
Date					
Initials					

All applications are considered in the order received. If the requested class or classes are not available, we will suggest alternative classes and/or place you on waiting lists.

10% Sibling Discount - Name of Sibling: _____ Class Level: _____

Agreement and Release

I, the undersigned, hereby authorize Dance Studio No. 1, its owners, officers, directors, affiliates, agents, employees and independent contractors, ("Studio") to authorize and consent to the administration of any emergency medical treatment on behalf of the above named minor ("Minor"), which the Studio in good faith believes to be necessary or, after consulting with a licensed physician or paramedic, emergency care including, but not limited to: x-ray examinations and medical or surgical diagnosis or treatment and hospital care to be rendered to the Minor under the general or special supervision and upon the advice of any licensed physician, surgeon, dentist or paramedic. This authorization is provided in advance of any specific diagnosis, treatment or hospital care being required. The Studio will attempt to contact the undersigned prior to consenting to emergency medical care for the Minor, but emergency medical care will not be withheld if the undersigned cannot be reached.

The undersigned expressly represents that the Minor is in a condition of good health and soundness of body that warrants his/her undertaking all aspects of the Studio's programs.

Any and all risks assumed by Minor in all aspects of the Studio's programs are hereby assumed and undertaken by the undersigned and the Minor. The Studio shall not be liable for any claims, demands, injuries or causes of action whatsoever to person or property connected with the use of any of the services or facilities of the Studio.

I have carefully read this agreement and release, and fully understand its contents. I acknowledge and understand that, by this agreement, I and the Minor agree to assume all risks of participating in the Studio's programs and in the event of the Minor's illness or injury, we have no recourse against the Studio.

Dance Studio No. 1 reserves the right to change the schedule and/or the teacher as it deems necessary. I understand that a signed registration form along with the registration fee must be received by the Studio before the student may attend class. I understand Dance Studio No. 1 takes pictures and videos of the minor and has full permission to use those pictures in marketing and public relations of the Studio and its related activities without further communication or notification. I understand class fees are due one week prior to the start date. *If tuition is not paid by the third week of the session, a late fee of \$25 per month will be applied to your account.* There are **NO REFUNDS!** Dance Studio No. 1 reserves the right to refuse service to any student or family that disrupts the learning environment or is not current in making payments.

Signature: _____ Date: _____