

# ☆ OnStage Dance Studio ☆

## Student Registration Form 2021-2022

Student's Name (First & Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in Fall 2021: \_\_\_\_\_ School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father Cell #: \_\_\_\_\_

Student Cell #: \_\_\_\_\_

Name of Responsible Party: \_\_\_\_\_

If address and phone numbers are different from above please include: Telephone #: \_\_\_\_\_

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

Email address of primary contact: \_\_\_\_\_

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

\_\_\_\_\_

### Agreement for Participation

I understand that dance classes may include, without limitation, dancing with props, stretching, barre work, across the floor combinations, dance routines, center work, 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. My child and/or I are aware that participating in dance class is at our own risk. I understand that I am responsible for sending my dancer to class without fever or any Covid -19 related symptoms. I further acknowledge that OnStage Dance Inc. has put in place preventative measure to reduce the spread of Covid-19. I assume and release OnStage Dance Inc. of any and all liability with respect to bodily injury, illness, medical treatment, death and property damage that may arise from, or in connection to, any services received from OnStage Dance Inc. All such risks to my child are known and understood by me.

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

\*Studio Policies    \*Tuition & Payment Information    \*Dress Code    \*Mission Statement/Code of Ethics

I agree to be responsible for reading studio correspondence and respecting deadlines, if applicable. I hereby acknowledge that I have read the statements above and agree to participate accordingly.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### Please list the class(es) you wish to enroll in.

Style & Level	Day/Time/Teacher
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Check Box if this student is registering and is part of a family. Write family name in box.	
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**NON-REFUNDABLE REGISTRATION AMOUNT: \$ \_\_\_\_\_ (Due Today)**

**MONTHLY TUITION TOTAL: \$ \_\_\_\_\_**

**COSTUME/TIGHT TOTAL: (Note: May not include all accessories) \$ \_\_\_\_\_**