

DANCER'S EDGE REGISTRATION FORM

3115 BROAD ST. DEXTER, MI 48130

WWW.DEXTERSANCERSEDGE.COM

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Circle one semester: Fall (September start) Winter (January start) Summer (June start)

Year of semester: _____

Today's Date: _____

STUDENT INFORMATION (PLEASE PRINT AND FILL OUT ONE FORM PER STUDENT)

Student's Name _____ Student's Birthdate _____ (mm/dd/yy)

Address _____

City, State _____ Zip Code _____ Home Phone _____

School District Attending _____ Student Email _____

PARENT INFORMATION (PLEASE LIST CUSTODIAL PARENT/LEGAL GUARDIAN INFORMATION)

Parent(s) Name _____

Address (if different than student's) _____

City, State _____ Zip Code _____

Email (1) _____ (2) _____

Preferred Phone _____ Work Phone _____

Emergency Contact (other than parent/legal guardian) _____

Relation _____ Phone _____

Dancer's Edge uses email & in studio postings to share information about upcoming events, performances, classes, promotions, etc. Please be sure to include the email where you wish to receive this information.

STUDENT'S CLASS SCHEDULE

CLASS NAME	CLASS DAY	CLASS TIME	CLASS TUITION
		Class Subtotal	
Costume Fee (\$90/dance)	Competition Students September 20 th	Studio Students February 1 st	
		Total	

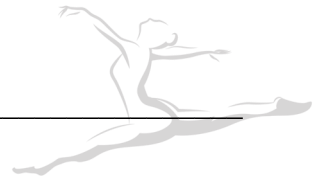
OFFICE USE ONLY

CHECK # _____ CASH _____ CREDIT CARD # _____

CARD EXP. DATE _____ CARD BILLING ZIP CODE _____

CONTINUED ON BACK

List previous dance experience:



Where did you hear about Dancer's Edge?

RELEASE/DISCLAIMER

Registration will not be accepted without the legal signature.

I, _____, the authorized legal representative of _____, jointly and severally hereby releases, discharges, and acquits Dancer's Edge, including all owners, all employees, teachers, and agents from any and all claims for damages or injuries of any kind, nature or description, resulting from Dancer's Edge activities. This expressly includes, but is not limited to, any injury or damage caused by or resulting from the negligence of Dancer's Edge, all owners, all employees, teachers, agents, etc. I acknowledge the fact that certain types of injuries are common and inherent in dance and tumbling-related activities. This release includes but is not limited to this type of injury. I acknowledge Dancer's Edge reserves the right to host lessons online. This release shall be binding upon and inure to the benefit of the parties, their successors, assigns, and personal representatives. I have read and understand all Dancer's Edge policies and agree to abide by those policies and make all payments necessary for participation in all in person and online Dancer's Edge activities.

I hereby DO GIVE/DO NOT GIVE (circle one) Dancer's Edge permission to use images of my child, _____ captured during regular and special dance classes through video, photo and digital camera to be used solely for the purposes of studio fliers, publications, promotions, and the studio website. I understand that my child's full name will not be stated with the photo.

In case of an emergency, hospital preference

Insurance Information and Policy Number

Medical Information: (any medical restrictions)

By signing this document: You agree that all the information provided is true to the best of your knowledge. You agree that you have read and understand the risk. You give permission for emergency medical transportation and treatment at your expense, if needed. You agree to update this document should any of the information change. You agree to the public display of any studio pictures of your child unless indicated otherwise above. You agree all refunds and credits will be issued within two weeks of written notification if the student does not want to continue the class, dropping and transferring of classes must be submitted in writing. You have thoroughly read, understand, and agree to the following documents, Dancer's Edge Dance Studio Registration Form, Dancer's Edge Dance Studio Information and Dancer's Edge Dance Studio Class and Rehearsal Schedule.

Participant/Date _____

Parent or Guardian/Date _____