Registration/Priority Number: _____ Fee Amount & Method of Pay:_____

Registration Form

Registration forms must be filled out in full. Do not leave any areas blank.

Dancer Name: _____

Date of Birth: _____   **Grade:** _____

Parent/Guardian Name(s): _____

Address: _____

Student Phone #: _____   **Parent Phone #:** _____

Email Address: _____

Health Concerns The Dance Complex needs to be aware of: _____
_____

Please notify the studio with any changes to the above information immediately.

Registered Classes:

Class Name	Amt.	Class Name	Amt.
_____	____	_____	____
_____	____	_____	____
_____	____	_____	____
_____	____	_____	____
_____	____	_____	____

Subtotal: _____   **-Discount:** _____   **Grand Total:** _____ **/Month**

Contract

I _____ (Parent/Guardian Name(s) printed) agree to let the above listed dancer participate in the above listed dance classes at The Dance Complex. I vouch that my student is in proper health and able to engage in vigorous physical activity. I agree to pay all fees incurred at the studio in accordance with payment policies set forth in the Studio Policies and Procedures Document. I understand there are no refunds for lessons, fees, and only studio credit will be provided for specific situations left to the discretion of the owner/director. I agree to allow The Dance Complex to use photographs/videos taken during classes, rehearsals, performances, and studio related moments for publicity purposes. Should my student discontinue classes for any reason aside from moving out of a reasonable travel distance, I agree to notify the studio before the end of the first 4 week cut off (beginning the first week of the fall dance season) to be released from this contract. Should I fail to do so I understand I am fully responsible for the remainder of the dance years tuition and any other fees incurred including but not limited to, competition fees, costumes, etc. I also understand and agree that The Dance Complex. is not responsible for any accidents that may happen to my student and that the studio does not hold medical insurance for its students.

By signing below, I state that I have read the The Dance Complex Contract and agree to abide by all policies and conditions stated in it and those in the Studio Policies and Procedures Document.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Name (Printed): _____