



2015 Summer Registration Form

Student Name:		Student's DOB:	
Address:			
City:	State:	Zip Code:	
Telephone (home):		Telephone (cell):	
Email:			
Name Parent(s)/Guardian(s) (If applicable):			
Occupation(s):			
In case of emergency, please notify:			
Emergency Telephone:			
Any additional information that may benefit your or your student's dance experience (previous dance experience, health/physical restrictions, etc...):			
How did you hear about Studio M?			

To be completed by Studio M staff

Registering for:

Classes:	Times:

Monthly Tuition Cost = _____
Amount Paid = _____
Staff = _____

Liability Form

I, _____ (dancer/parent/guardian's name) hereby give permission for any and all medical attention to be administered to my child or myself in the event of accident, injury, sickness, etc..., under the direction of the physician (s) listed below or at any necessary emergency facility, unit such time as I may be contracted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

Physician's Name: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Read, Initial, and Sign Below

_____ **Tuition Waiver:** I understand that tuition is collected on a monthly basis and is based on the number of classes taken per month not the number of weeks the class meets during that month. There is no discount or refunds for absences. I understand that tuition not paid by the 10th of the moth will accrue an additional \$10 fee.

_____ **Liability Waiver:** I do not hold Studio M and its staff responsible for any loss, damage, injury, or accident that may occur while at the studio. Studio M is not responsible for any medical or hospitalization expenses that may result from an injury occurred at the studio or while being affiliated with the studio at an outside venue.

_____ **Photo Waiver:** I authorize Studio M the right to use, publish, reproduce, for all purposes (exhibition, distribution, promotion, advertisement, etc...) the student's name and pictures in film or electronic (video) form without limitation).

By signing below, I agree to Studio M's policies.

Dancer _____

Parent/Guardian _____

Date _____