

Ariel's Dance Studio

Registration and Release Form

_____ Last Initial

_____ Date: _____

Student: First Name _____ Last Name _____ Date of Birth _____ Age _____ Female/ Male _____

Home Address _____ City / Zip _____
 Parent/ Guardian (Mother): _____ Student's Email: _____
 Email Address: _____ Student's Cell: _____

Home Phone Number _____ Work Phone Number _____ Cell Phone Number _____

Parent/ Guardian (Father): _____

Email Address: _____

Home Phone Number _____ Work Phone Number _____ Cell Phone Number _____

Responsible person other than above. _____ Relationship _____ Phone(s) _____

Doctor: _____ Phone: _____
 In an emergency situation, a medical technician may need to know the following information regarding my child's health: allergies, chronic illnesses, seizures, etc. Use the space below. (Write "None" if none.)

I/We, the parent/guardian of the above named student, a minor, and the above named student agree to the following:

- 1. STUDIO POLICIES: I have read the Statement of Understanding and the Studio Rules and agree to abide by them.
- 2. PHOTO/IMAGE RELEASE: I give my consent for images (photographs, video) of my dependent to be taken and used to document the activities of Ariel's Dance Studio. I grant Ariel's Dance Studio permission to use the images for educational and promotional purposes. I understand that if I do not want images of my dependent to be used, I will indicate this in writing and the signed letter will be attached to this document.
- 3. MEDICAL RELEASE: I give my permission for Ariel Lopez, Studio Teacher, or Studio Parent to take my child to a medical/dental facility, if necessary. In case of emergency, if none of the above can be contacted, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. I accept full responsibility for all costs of said medical care and any emergency treatments. Ariel's Dance Studio will not be responsible for the cost of any medical care or emergency treatments. I hereby waive all claims whatsoever in connection with such medical treatments.
- 4. WAIVER AND RELEASE: I agree that if my dependent or I (heretofore known as "we") engage in any physical exercise, class, or activity, or facility on the premises or any venue where we participate as representatives of Ariel's Dance Studio, we do so at our own risk. I agree that we are voluntarily participating in activities and use of said facilities, premises (including the parking lot) and designated Ariel's Dance Studio venues. We assume all risk of injury, illness, damage, or loss to us or our property that might result, including, without limitation, any loss or theft of any personal property. I agree that this consent and assumption of risk statement covers each and every event or activity sponsored by Ariel's Dance Studio. I agree to release and discharge you (and your affiliates, employees, agents, representatives, successors, and assigns) from any and all claims or cause of action (known or unknown) arising out of your negligence. I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a release of liability. I am waiving any right that I may have to bring legal action to assert a claim against you for your negligence.

Signature of Parent/Guardian of minor. _____ Date _____
 How did you hear about our studio? Returning Student Phone Book Internet Newspaper Advertisement: _____
 Referred by a Friend: _____ Other: _____ Where? _____

Reg. pd: _____ Office Use Only _____ Enrolled in: _____
 ADSWear rcvd: _____ Monthly rate: _____ Date began class: _____
 Ck # _____ Credit Card _____ Cash recpt # _____

Comments: _____ ver.08_2012



Statement of Understanding ADS Wear Order Form

Please read the following. This statement is required for your dancer to continue dancing at Ariel's Dance Studio (ADS). Your initials on this form and signature on the registration form acknowledge that you have read, understood, and agree to abide by these statements.

_____ I understand that ADS charges a non-refundable annual registration fee of \$50 which includes an ADS tank top for your dancer. See order form below. This fee is due at registration.

_____ I understand that tuition is due in the studio on the 1st of each month and is considered late by the 5th made payable to Ariel's Dance Studio. (Please write dancer's name and class in the memo of your check, or on the envelope if paying by cash. If this information is missing, your account will not be credited.)

_____ I understand that I will be charged a \$20 late fee for all tuition that arrives after the 5th of each month. This includes charge cards that are declined, if alternate payment is received after the 5th, the late fee will be charged. ***SEE NOTE BELOW***

_____ I understand that there will be a \$25 charge for any returned checks. After 2 returned checks I will be required to pay all monies due in cash or money order.

_____ I understand that all lost and found items will be donated after 30 days.

_____ I have also read and understand all the Studio Rules and have gone over them with my child.

_____ I understand that my child is to abide by the dress code set forth in the Studio Rules.

_____ I understand that I must contact the Studio before my child's scheduled class to arrange for any make-up classes and that all make-up classes must be completed within 4 weeks following the absence. I also understand that there will be no refunds for missed classes.

_____ I understand that I must give the Studio a 30 day written notice if my child needs to drop out of classes taken at Ariel's Dance Studio. (Temporary absences due to injury, illness, family emergency, etc. may be discussed with Ariel.)

ADS WEAR ORDER

Dancer's Name: _____ Class Day/Time: _____

Size (circle one): Child S M L Adult S M L

***AUTO PAY – We can submit your credit card payment by the 1st of the month so you will never be late!!! Please fill out our Auto Pay Form.

