



2009-2010 REGISTRATION FORM

STUDENT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ 2ND CONTACT _____

EMAIL _____

PARENT GUARDIAN NAME(S) _____

IN CASE OF EMERGENCY, PLEASE NOTIFY _____

EMERGENCY TELEPHONE _____

STUDENT BIRTH DATE _____ AGE _____ GRADE _____

CLASSES: (Class/Teacher/Day/Time)

*	_____	*	_____
*	_____	*	_____
*	_____	*	_____
*	_____	*	_____
*	_____	*	_____

PREVIOUS TRAINING? WHAT STYLES AND STUDIOS? _____

ANY HEALTH OR PHYSICAL RESTRICTIONS? _____

HOW DID YOU HEAR ABOUT OUR SCHOOL? _____

PLEASE MAKE SURE YOU PICK UP AN INFORMATION PACKET!

WAIVER

I, _____ (parent / guardian's name) understand the participation of my child or I, is done on a voluntary basis and at our own risk. I release The Edge Dance Studio, owner and independent instructors, from any liability that could result from the participation in the activities of the studio. This may include events outside the facility while participating or representing The Edge Dance Studio. I have received, read, and agree with the policies and procedures in The Edge Dance Studio's information packet. Failure to comply with these policies and procedures may result in dismissal from The Edge Dance Studio at any time.

Signature _____ Date _____

MEDICAL RELEASE FORM

I, _____ (parent / guardian's name) hereby give permission for any and all medical attention to be administered to my child _____ (child's name) in the event of accident, injury, sickness, etc., under the direction of the physician(s) listed below or at any necessary emergency facility, until such time as I may be contacted. I also assume the responsibility for the payment of such treatment.

Child's Physician: _____

Physician's Address: _____

Physician's Phone: _____

Known Allergies: _____

Signature _____ Date _____

OFFICE USE

Registration: \$25 per student / \$50 family maximum \$ _____

* ALL payment options include the total tuition, recital fees, and team fees!

* Students that start after September 8, 2009, will be prorated on an individual basis.

Tuition \$ _____ + Recital \$ _____ + Team Fees (if applicable) \$ _____ = TOTAL FEES \$ _____

TOTAL DUE AFTER DISCOUNTS (if applicable)! \$ _____

_____ Full Year Pre-Pay Option (Discount: 5% cash/ck & 3% cc – Due September 8, 2009)

_____ Trimester Option (Discount: 3% cash/ck – 3 Equal Payments – Due 9/8/09, 12/1/09, 3/1/10)

Type of payment: Cash _____ Check _____ Credit Card information required below!

_____ Monthly Auto Withdraw (Credit Card only – 8 Equal Payments – Processed 1st of each month)

Type: MC / VS Card Number _____

Name on Card: _____ Exp: _____ Verification: _____

Signature: _____ Date: _____