

# BUSBY DANCENTER at Trinity Episcopal School

## STUDENT REGISTRATION FORM

Year: 2018-19

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Current Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Primary Phone # \_\_\_\_\_ Primary Email: \_\_\_\_\_

Mother Cell # \_\_\_\_\_ Place of business: \_\_\_\_\_

Father Cell # \_\_\_\_\_ Place of business: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Health information: Any health problems or conditions that we should be aware of concerning your child.

Special instructions, etc. \_\_\_\_\_

Emergency Contact & Phone # other than parent: \_\_\_\_\_

\*\*\*PLEASE READ AND SIGN WAIVER FORM ON REVERSE SIDE\*\*\*

### -----OFFICE USE ONLY-----

Semester 1 Wednesdays 2:15-3:15 September 4 – December 11 Total Cost \$350 \_\_\_\_\_  
(Includes Reg. Fees)

Semester 2 Wednesdays 2:15-3:15 January 8 - May 14 Total Cost \$350 \_\_\_\_\_  
(Includes recital costume)

**Registration and tuition payment must be received by first day of classes for that semester.**

Total Payment: \$ \_\_\_\_\_ Liability Form: \_\_\_\_\_ Handouts: \_\_\_\_\_

Check#: \_\_\_\_\_ Cash: \_\_\_\_\_ Credit: MC Visa Discover \_\_\_\_\_ Entered

**The following student is enrolling with Busby Dancer at Trinity:**

**Student:** \_\_\_\_\_

**PLEASE READ THE FOLLOWING CAREFULLY  
BEFORE YOU SIGN THIS FORM**

**RELEASE FROM LIABILITY:** I do hereby release Busby Dancer and its staff from any liability occurring on or around studio premises, or at any function held at other locations in connection with the dance classes in which the student name above is enrolled. I declare that the student named above is in good health and can participate in dance education classes. Given the nature of dance classes, and with the knowledge that injuries sometimes might occur, I have taken the necessary steps to obtain accident, health, or hospitalization insurance which would cover any sustained injury. In the event of an injury or emergency when I cannot be contacted, I give my permission for you to obtain medical services for the student named above.

**WEBSITE PICTURE AGREEMENT:** I grant permission to publish classroom and/or performance photos of my child on the studio website. I give Busby Dancer the perpetual, royalty-free right to use the photo(s) in any manner including but not limited to the website. I understand that my child's photo will be available to the general public. I further understand that Busby Dancer assumes no liability or responsibility whatsoever concerning any consequences of such use. I understand that if I give notice that I object to any particular picture on the website, it will be removed as soon as possible.

**AUTHORIZATION FOR ENROLLMENT:** I authorize Busby Dancer to enroll the student named on this form in dance class, and I accept responsibility for the payment of tuition for those classes for which the student is registered. I understand that classes with an enrollment of less than six pupils are subject to cancellation. I understand that registration fees are non-refundable and that there are no refunds or deductions for classes not attended.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**THIS FORM MUST BE COMPLETED BEFORE A STUDENT CAN PARTICIPATE IN ANY  
CLASSES WITH BUSBY DANCER.  
THANK YOU!!**