

# BUSBY DANCENTER STUDENT REGISTRATION FORM

Year: \_\_\_\_\_

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

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

School: \_\_\_\_\_

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

Address: \_\_\_\_\_

Street

City

Zip

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

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

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

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

If someone other than the above is to be billed for payment, please give that information below:

Name: \_\_\_\_\_ Address & Email: \_\_\_\_\_

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: \_\_\_\_\_

New students only: Previous training, include instructor(s), subjects, years of study, etc. \_\_\_\_\_

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

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

Creative \_\_\_\_\_ Kinder \_\_\_\_\_ Elem \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

Ballet: <sup>M T W Th</sup> 1 2 3 4 5 6 7 Pointe: <sup>M T W Th</sup> Beg 4 5 6 7 Modern: 3/4/5 Jazz/Modern: 6/7

Tap: 1 2 3/4/5 6/7 Theater Tap Jazz: 1 2 3/4/5 Handouts: \_\_\_\_\_

Tuition Payment: \$ \_\_\_\_\_ Registration Fee Paid: \$ \_\_\_\_\_ Liability Form: \_\_\_\_\_

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

# The following student is enrolling at Busby Dancercenter:

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

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

**RELEASE FROM LIABILITY:** I do hereby release Busby Dancercenter 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 Dancercenter 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 Dancercenter 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 Dancercenter 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. I understand that if I do not give written notice of the student's withdrawal from classes by the 10<sup>th</sup> of the month I am obligated to pay the next month's tuition payment.

**STORE PERMISSION:** By checking below, you wish for your child to have the privilege of leaving the property (to shop at the store located across Guy Grant). We request all students be dressed in appropriate attire; meaning ALL dancewear must be totally covered up with street wear and appropriate shoes. As parent or guardian you have released Busby Dancercenter of all liability and safety of the student while off the premise.

- I will allow my child to leave the premise to go to the store.
- I will not allow my child to leave the premise to go to the store.

The undersigned acknowledges and understands the above request.

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

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