

Please fill out form in its entirety & read & sign back.

## TECHNIQUES DANCE STUDIO, LTD. REGISTRATION FORM 2011-2012

### Family Information

Family Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Parent/Guardian Name : \_\_\_\_\_ Emergency Name & Phone: \_\_\_\_\_

### Student Information

<b><u>Student 1</u></b>	<b><u>Student 2</u></b>	<b><u>Student 3</u></b>
Name: _____	Name: _____	Name: _____
Birth date: _____	Birth date: _____	Birth date: _____
This is your _____ year at Techniques?	This is your _____ year at Techniques?	This is your _____ year at Techniques?
Medical Comments: _____ _____	Medical Comments: _____ _____	Medical Comments: _____ _____
<b>Classes:</b>	<b>Classes:</b>	<b>Classes:</b>
1. Day _____ Time _____ Type _____	1. Day _____ Time _____ Type _____	1. Day _____ Time _____ Type _____
2. Day _____ Time _____ Type _____	2. Day _____ Time _____ Type _____	2. Day _____ Time _____ Type _____
3. Day _____ Time _____ Type _____	3. Day _____ Time _____ Type _____	3. Day _____ Time _____ Type _____
4. Day _____ Time _____ Type _____	4. Day _____ Time _____ Type _____	4. Day _____ Time _____ Type _____
5. Day _____ Time _____ Type _____	5. Day _____ Time _____ Type _____	5. Day _____ Time _____ Type _____
6. Day _____ Time _____ Type _____	6. Day _____ Time _____ Type _____	6. Day _____ Time _____ Type _____

### For Techniques Processing Only

1 <sup>st</sup> Month Paid: \$ _____	Reg. Fee: \$ _____	Date: _____	Processor's Initials _____
May Paid: \$ _____			
Method: Check # _____	Cash _____		Amount due Monthly: _____

Please fill out form in its entirety & read & sign back.

**STUDENT RELEASE FORM**

I assume full responsibility and risk of bodily injury for the student enrolled at Techniques Dance Studio, Ltd. Our staff exercises the utmost care in working with the students. Our goal is to provide a safe and accident free environment; however in the event of any bodily injury, I release Techniques Dance Studio, Ltd. and the instructors from all liabilities. I have read and voluntarily sign this release form.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**FINANCIAL RESPONSIBILITY**

I accept full financial responsibility for all related costs during the 2011-2012 dance season at Techniques Dance Studio, Ltd. These costs include registration, monthly tuition, late fees (if applicable), costume expenses, and recital fee expenses. I understand that if my account becomes delinquent, the student will not be able to participate until the account is current. I understand my monthly tuition payment is for the entire month, regardless of the number of classes held. If a class is not held for any reason, no refunds will be given. I understand that the class can be made up in another class if necessary. I understand accounts paid in full at the time of registration may not be refunded after December 1, 2011.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**PERMISSION FOR RECITAL**

I give my permission for the applicant to participate in the Techniques Dance Studio, Ltd. recital at the Tilles Center on Sunday, May 20, 2012. I understand that this involves extra rehearsals and a dress rehearsal prior to the performances. I understand my child/children may not be in the same show & that my child/children (with the exception of Pre-K) will not be released until the end of the performance.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_