

New Student Student Registration Form

Student Name (First/Last): _____ Date: _____
Student Age: _____ Student Date Of Birth: _____
Address: _____ Phone Number: _____
Email Address: _____
An email address is required, as all studio communication is done via email.
Emergency Contact: _____ Phone Number: _____
Relationship to child: _____

Do you/your child have any medical conditions/allergies that we should be aware of?

Please fill out below the classes you are registering for, or attach your highlighted recommendation sheet to registration form.

Class: _____	Class: _____
Class: _____	Class: _____
Class: _____	Class: _____
Class: _____	Class: _____
Class: _____	Class: _____
Class: _____	Class: _____
Class: _____	Class: _____
Class: _____	Class: _____
Class: _____	Class: _____

Studio B Dance Co. recognizes our obligation to make our students and their guardians aware of the risks and hazards involved in dance. By signing this waiver, you release Studio B Dance Co. and all of its employees from all claims on account of any injury or illness which may be sustained by your child while attending dance class or any outside events associated with Studio B Dance Co. In signing this waiver, you also acknowledge your responsibility in paying for all monthly tuition, rehearsal fee's, costume fee's, and competition fee's. All aforementioned fee's are non-refundable.

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

Monthly Tuition: _____ Payment Type: _____ Autbill? Y/N