

RED Dance Company

Student Registration Form

Student Name (First & Last): _____ Student Date of Birth: _____

Mailing Address: _____

Contact 1: _____ Contact 1 Cell: _____

Contact 2: _____ Contact 2 Cell: _____

Email of Primary Contact: _____

Date: _____ Signature: _____

Please list the class(es) you wish to enroll in.

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

SUB-TOTAL: \$ _____

Registration Fee: \$ 25 _____

TOTAL: \$ _____

Type of Credit Card on File: (circle one) **Visa** **MasterCard** **Discover**

Credit Card on File: _____ Security Code: _____

Name on Card: _____ Exp. Date: _____ / _____ Zip Code: _____

Prices for Classes

<i>No. of Classes a Week</i>	<i>Price</i>	<i>Class</i>	<i>Price</i>
1	\$50	Tots Combo	\$50
2	\$95	Tots Acro	\$50
3	\$135		
4	\$160		
5	\$185		
6	\$205		
Unlimited	\$225		

LATE FEE AGREEMENT

I understand that a \$10.00 late fee will be assessed for all late payments received 7 days after due date and \$5.00 every month thereafter until the late payment is paid, regardless of payment history. No refunds, adjustments, or prorating of tuition and fees.

Guardian Signature **Date**

ACKNOWLEDGEMENT AND RELEASE OF MINOR

PLEASE READ CAREFULLY. Your child will not be allowed to participate in classes until this release is completely filled out and received by the studio. The undersigned, being the parent or legal guardian of _____ a minor ("the child") acknowledges that they have registered the child to participate in a dance/exercise program with RED Dance Company ("the studio"). The undersigned further acknowledges that they are aware of no medical conditions of the child which would impair the child's ability to participate and or which would subject the child to personal injury or illness. In addition, as a term of the child's participation on behalf of the child, I hereby voluntarily assume all risk of accident, injury, or illness and or damage to the child or his or her property. Further, the undersigned hereby releases and discharge the studio, its employees, volunteers, owners and assigns from every claim, liability and or demand of any kind for or on account of any personal injury, illness and or damages of any kind sustained, regardless of the cause.

Guardian Name (print) **Guardian Signature** **Date**

Please list any known allergies and/or medical conditions: _____

Please list all medications, dosage and frequency taken daily by your child: _____
