

2011 - 2012  
 Registration Form  
 Stage Lights Dance Studio

Class	Day	Time	Hours
Total Hours _____ - Team Discount _____			

Students Name (First)	(Last)	Age	Birth Date	M/F
2 <sup>nd</sup> Student (First)	(Last)	Age	Birth Date	M/F
Billing Name (if family name is different)		Father's Name	Mother's Name	
Billing Address (Street)	(City)	(State)	(Zip)	
Home Phone	Mother's Work Phone	Father's Work Phone		
Cell #(s)	E-mail address(es)	Place of Employment		
List any learning or physical conditions of the student. A doctor's note may be requested. <b>List any food or medication allergies.</b>				
If new to our studio, please list previous experience, if any _____				
How many years have you been with Stage Lights?(if current student) _____				
How did you hear about Stage Lights? (if new) _____				

**PARENTAL RELEASE:** The undersigned has or will receive the student handout and agrees to abide by the rules and regulations of Stage Lights Dance Studio. The undersigned releases any and all rights and claims including physical or emotional claims, costs, liabilities, expenses or judgments, including attorney fees and court costs arising out of the participation of the above named student(s), and thereby agree to indemnify and hold harmless "S&S" Pas De Deux, Inc., (dba Stage Lights Dance Studio) the director, their students, its employees for any and all injuries or illnesses which may be suffered by the participant in programs associated with "S&S" Pas De Deux, Inc. (dba Stage Lights Dance Studio). Students may be dismissed from the studio at any time, with no refunds or credits. I hereby execute and deliver the Waiver and Release to induce "S&S" Pas De Deux, Inc., (dba Stage Lights Dance Studio) to permit me or my child to participate in its performances or events on or off site. I hereby grant the permission to administer first aid help and/or call 911 in case of emergency, while attending classes, rehearsals, and performances or events on or off site. I understand the "S&S" Pas DE Deux, Inc., (dba Stage Lights Dance Studio) will attempt to first notify parents and guardians in case of emergency. I understand that the art of dance and nature of dance instruction may sometimes require a teacher to touch me/ my child. I understand that this will happen in a caring, gentle, and appropriate manner All fees are non-refundable and non-transferable. No refunds or credits. PHOTO/ VIDEO RELEASE: I authorize "S&S" Pas De DEux, Inc. (dba Stage Lights Dance Studio) to record and photograph my image and/or voice or that of my child, for use by "S&S" Pas DE Deux, Inc. or its assignees in educational or promotional programs. I understand that these images may be edited, duplicated, reproduced and/or reformatted in any form and manner without payment of fees, in perpetuity.

Parents/Guardian Signature and Date

X \_\_\_\_\_  
 I have read the above policy and have executed this waiver and release.  
 X \_\_\_\_\_ I've read the studio handbook & agree to the studio policies  
 Please initial

Pre – Registration per Student - \$20  
 Per Family - \$30  
 September Tuition (DUE AT REG.)- \_\_\_\_\_  
 June Tuition (DUE AT REG.) - \_\_\_\_\_  
 Total Paid Today - \_\_\_\_\_  
 Balance Due - \_\_\_\_\_

Check here & complete CC info to be enrolled in auto pay!  
**Auto pay automatically gets you the \$7/ month discount rate.**  
 Credit Card Info: Visa or Master Card # \_\_\_\_\_ Exp \_\_\_\_\_ 3digit # \_\_\_\_\_  
 Card Holder Name \_\_\_\_\_ Signature \_\_\_\_\_  
 Is the Billing address for this card the same as above? If not, Please include here \_\_\_\_\_