



**2008-2009 REGISTRATION FORM**

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STUDENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ 2<sup>ND</sup> CONTACT \_\_\_\_\_

EMAIL \_\_\_\_\_

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PARENT GUARDIAN NAME(S) \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE NOTIFY \_\_\_\_\_

EMERGENCY TELEPHONE \_\_\_\_\_

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STUDENT BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

CLASSES: (Class/Teacher/Day/Time)

*	_____	*	_____
*	_____	*	_____
*	_____	*	_____
*	_____	*	_____
*	_____	*	_____

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PREVIOUS TRAINING? WHAT STYLES AND STUDIOS? \_\_\_\_\_

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ANY HEALTH OR PHYSICAL RESTRICTIONS? \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR SCHOOL? \_\_\_\_\_

**PLEASE MAKE SURE YOU PICK UP AN INFORMATION PACKET!**

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**WAIVER**

I, \_\_\_\_\_ (parent / guardian's name) understand the participation of my child or I, is done on a voluntary basis and at our own risk. I release The Edge Dance Studio, owner and independent instructors, from any liability that could result from the participation in the activities of the studio. This may include events outside the facility while participating or representing The Edge Dance Studio. I have received, read, and agree with the policies and procedures in The Edge Dance Studio's information packet. Failure to comply with these policies and procedures may result in dismissal from The Edge Dance Studio at any time.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**MEDICAL RELEASE FORM**

I, \_\_\_\_\_ (parent / guardian's name) hereby give permission for any and all medical attention to be administered to my child \_\_\_\_\_ (child's name) in the event of accident, injury, sickness, etc., under the direction of the physician(s) listed below or at any necessary emergency facility, until such time as I may be contacted. I also assume the responsibility for the payment of such treatment.

Child's Physician: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**OFFICE USE**

Registration: \$25 per student / \$50 family maximum \$ \_\_\_\_\_

\* ALL payment options include the total tuition, recital fees, and team fees!

\* Students that start after September 2, 2008, will be prorated on an individual basis.

Tuition \$ \_\_\_\_\_ + Recital \$ \_\_\_\_\_ + Team Fees (if applicable) \$ \_\_\_\_\_ = TOTAL FEES \$ \_\_\_\_\_

TOTAL DUE AFTER DISCOUNTS (if applicable)! \$ \_\_\_\_\_

\_\_\_\_\_ Full Year Pre-Pay Option (Discount: 5% cash/ck & 3% cc – Due September 4, 2008)

\_\_\_\_\_ Trimester Option (Discount: 3% cash/ck – 3 Equal Payments – Due 9/4/08, 12/4/08, 3/4/09)

Type of payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card information required below!

\_\_\_\_\_ Monthly Auto Withdraw (Credit Card only – 8 Equal Payments – Processed 1<sup>st</sup> of each month)

Type: MC / VS / DIS / AmEx Card Number \_\_\_\_\_

Name on Card: \_\_\_\_\_ Exp: \_\_\_\_\_ Verification: \_\_\_\_\_

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