

Class Registering for

Studio Elite

PO Box 415

Cramerton, NC 28032

www.studioelitenc.com

980-248-5810

Registration fee of \$30.00 is due when you turn in your paperwork
(If registering two or more children, each additional fee after the first one is \$15)

Date _____

Students Name _____

Age _____ Birthday _____ Sex _____

Years of Dance Experience _____ Previous Dance Studio _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Students Cell _____

Mother's Cell _____ Father's Cell _____

Parent or Legal Guardian Information:

Parent(s) or Legal Guardian Name _____

Address _____

City _____ State _____ Zip Code _____

Students email address _____

Parent email address _____

Parent, how often do you check your email address? _____

Emergency Contact Information:

Emergency Contact Name _____

Relationship to Student _____ Primary Phone # _____

Please list any medical conditions that you feel we should know about your child, including any medications that your child takes on a daily basis.

How did you learn about Studio Elite? _____

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of being given the opportunity to participate in any activity with Studio Elite:

1. I acknowledge, agree, and represent that I understand the nature of dance and gymnastics, and that I, or my minor child, am qualified, in good health, and in proper physical condition to participate in such activities.
2. I fully understand that dance and gymnastics involves a certain degree of risk of injury to the participant and I am fully aware of and appreciate the risks.
3. I hereby release, discharge and covenant not to sue "Studio Elite", its owners, officers, administrators, directors, volunteers and employees, and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against "Studio Elite", I will indemnify, save and hold harmless "Studio Elite" from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim, to the fullest extent permitted by law.
4. Studio Elite has made every effort to create a safe environment for your child. However, there is always a risk that an accident may occur. I, as parent or guardian, authorize Studio Elite to administer first aid treatment and/or emergency treatment to my child in the event of an emergency.
5. Studio Elite does not carry medical insurance for its students. It is **required** that all dance students be covered by their own family insurance policies and if injury occurs, it is understood that the student's own policy is your **only** source of reimbursement.
6. I give permission for Studio Elite to take photos of my child to use for the website and for purposes of promoting the studio.
7. Tuition and any fees paid to the studio are non-refundable.
8. I agree to pay the Monthly Tuition by the first week of each month. I also understand that my account will be charged a late fee of \$10.00 if the monthly tuition is not paid by the 15th of the month.
9. There is a returned check fee of \$20. You will be charged this fee if a check is returned for ANY REASON!!!
10. If your account is more than 60 days past due, your child will be unable to participate in dance classes or any other studio activities until your account is in good standing. Please see the office manager if you have any questions about your account.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Please see next page for signature area.

I, _____, hereby give approval of participation in any and all events, including, but not limited to, classes or special events, for myself or my minor child at "Studio Elite" or any location of "Studio Elite".

Student Name _____

Parent or Legal Guardian Signature _____

Printed Signature _____

Date _____

As our thanks to you for choosing Studio Elite as your child's dance school, upon returning your paperwork and registration fee your child will receive a free Studio Elite gift!