STUDENT INFORMATION

Student's Name:_____

Birth Date:____/____/_____ Age:_____

School:_____ Grade:_____

Home Address:_____

City:_____ Zip Code:_____ State:_____

Home Phone Number:(_____)_____

PARENT(S)/ GUARDIAN(S) RESIDING WITH CHILD

1.) Name:_____

Relationship to Child:_____

Cell Phone:(_____)_____ Work Phone:(_____)_____

E-Mail:_____

Place of Employment:_____

2.) Name:_____

Relationship to Child:_____

Cell Phone:(_____)_____ Work Phone:(_____)_____

E-Mail:_____

Place of Employment:_____

SEPARATED PARENT

Name:_____

Relationship to Child:_____

Authorized to Pick Up Child: Yes_____ No_____

Home Address:_____ City:_____

State:_____ Zip Code:_____

Contact Phone:(_____)_____

E-mail:_____

ALL PEOPLE AUTHORIZED TO PICK UP CHILD

1.Name:_____

Relationship:_____ Phone:(_____)_____

2. Name:_____

Relationship:_____ Phone:(_____)_____

3. Name:_____

Relationship:_____ Phone:(_____)_____

CLASS PARTICIPATION

Class Name Day Time:

1. _____
2. _____
3. _____
4. _____

How did you hear about our studio?

_____

Previous Dance Training

_____

_____

_____

Payment of tuition in full with a yearly insurance fee of $10.00

New Student $50.00

PERSON RESPONSIBLE FOR PAYMENT:

PRINT NAME:_____

SIGNATURE:_____ DATE:_____/_____/_____

RELATIONSHIP TO STUDENT:_____

WITNESS (Must be at least 18 years of age):

_____

RELEASE AND AUTHORIZATION

Name of Student:_____

Indicated in the space below are any health problems or conditions of which the studio should be aware of (such as heart, back, medical, allergy, muscular, pregnancy, diabetes, epilepsy, Chemical or neurological condition, special medication, knee/ kidney/ shoulder/ problems, etc.). I understand that risk of injury is inherent in any physical activity and I, on behalf of myself and my child, knowingly and voluntarily accept that risk. I, the undersigned, for myself, my heirs, administrators, and executors, hereby waive and release Luv 2 Dance Studio one individually and it's staff from any and all claims or damages of any kind arising out of my child's participation in the exercise and/or dance program of Luv 2 dance. I further certify that the aforementioned student is in proper physical condition to participate in the exercise/dance program and that he/she has been examined by a licensed physician and found to be in proper physical condition to participate in city program. I, the undersigned, do hereby authorize Luv 2 Dance Studio or hear designated agents (being teachers or administrators employed by Luv 2 Dance Studio to obtain medical treatment for my said child in emergency situations where I cannot be reached in time to authorize the treating physician to provide such as emergency medical services. I understand that I am responsible for any medical expenses and the absence of health insurance does not make Luv 2 Dance Studio responsible for payment of medical expenses. This authority includes the power to authorize any and all treatment deemed necessary under the circumstances by a licensed physician. This power is in essence a power of attorney and shall remain in effect for one year from the date signed below.

SIGNATURE OF PARENT/GUARDIAN:_____

DATE:___/____/____ WITNESS (Must be at least 18 years of age):_____

EMERGENCY INFORMATION

Physician:_____Hospital Preference:_____

Insurance Company Policy No.:_____

Allergies (Food, Medicine, Etc.):_____

Additional Information/Comments(i.e. Blood transfusion, etc):

_____