



REGISTRATION FORM

(Please Print)

Today's date:		Recreational <input type="checkbox"/>	Or	Performance Team <input type="checkbox"/>
STUDENT AND PARENT INFORMATION				
Students Name:		Students Birth Date: / /	Students Age:	
Parents Name/s:		Cell no.: (I'll be sending all texts to this number) ()		
Parents e-mail Address:		Home phone no.: ()	Work phone no.: ()	
Address:	City:	State:	ZIP Code:	
Please list and describe any medical condition that may impinge on the students ability to learn the material presented in class (This information will assist out teachers in helping the student understand the content). Pease note: The studio files are confidential, and only the teachers/office staff have access to them.				

REGISTRATION AGREEMENT

(Please read through carefully)

I release Compelled 2 Dance Studio and their employees from any and all claims of liability or personal injury, and do acknowledge that certain types of injuries are common and inherent in dance related activities.

I have read and consent to the guidelines in the general information packet and the parents/students form. I agree to pay a nonrefundable fee and I agree to pay full price for monthly tuition (based off how many hours I or my child dances a week) If me or my child attends one class or more. I agree to pay full price for any costumes that I or my child may have if I do not quit before they are ordered. That being said, I agree to fil out the student withdrawal form if I or my child quit before the 9 month dance year. I understand that I am still responsible for tuition regardless of how many classes I or my child misses, and that I or my child will not be withdrawn from C2D or released from my responsibilities until the withdrawal form is filled out. I understand payments for tuition are due at the first class of every month, and tuition payments received after the 7th of each month will result in a \$15.00 late fee. Tuition payments received after the 15th of the month will result in a \$25 late fee. I also understand that I am responsible for legal and/or 33.3% collection fee that will be added if payment is not submitted and I am turned into collections.

IN CASE OF EMERGENCY

Name:	Relationship to Student:	Home phone no.: ()	Work phone no.: ()
By signing this registration form, I am acknowledging that I understand the rules and my responsibilities while dancing here at Compelled 2 Dance Studio. I have gone over the registration agreement and the handbook. I understand and agree to follow the rules and do what is required of me.			
_____		_____	
<i>Patient/Guardian signature</i>		<i>Date</i>	