

STATE OF THE ARTS REGISTRATION FORM

(ONE FORM PER STUDENT)

CLASS(ES) IN WHICH YOU ARE ENROLLING:

<u>CLASS NAME</u>	<u>DAY</u>	<u>START/END TIME</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOW DID YOU HEAR ABOUT US?

DRIVE BY YELLOW PAGES
CARD MAILING WEBSITE
PLEASE SPECIFY FOR THE FOLLOWING:
PRINT AD _____
REFERRED BY _____
OTHER _____

(USE BACK FOR MORE CLASSES, IF NEEDED)

ACCOUNT INFORMATION

BILLING ACCOUNT NAME: (MUST BE OVER 18YRS OF AGE) _____
PARENT/GUARDIAN: (IF DIFFERENT FROM BILLING NAME) _____
BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
DAY/WORK PHONE: _____ EVE PHONE: _____ CELL: _____ FACEBOOK: _____
E-MAIL ADDRESS: _____ OTHER PARENT NAME: _____
EMERGENCY NAMES: CONTACT #1: _____ CONTACT #2: _____
EMERGENCY PHONE: CONTACT #1: _____ CONTACT #2: _____

STUDENT INFORMATION

STUDENT'S FULL NAME: _____ FEMALE MALE
HOME ADDRESS: SAME AS ABOVE CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ CELL PHONE: _____ EMAIL ADDRESS: _____
BIRTH DATE: _____ AGE: _____ SCHOOL: _____ GRADE: _____
PREVIOUS DANCE EXPERIENCE: (PLEASE BE DETAILED) _____

HEALTH RECORD

IS THE STUDENT NAMED ABOVE IN GOOD HEALTH? YES NO IS THE STUDENT TAKING ANY MEDICATIONS? YES NO
IF YES, PLEASE STATE: _____
ARE THERE ANY PHYSICAL OR EMOTIONAL HANDICAPS OR PROBLEMS THAT THE STUDIO SHOULD BE AWARE OF? YES NO
IF YES, PLEASE STATE: _____

DISCLAIMER / AGREEMENT

I RECOGNIZE THE RISKS OF ILLNESS OR INJURY BY PARTICIPATION IN A FITNESS/DANCE/THEATER PROGRAM AND HEREBY AGREE TO WAIVE, INDEMNIFY, AND DEEM HARMLESS THE SAID STATE OF THE ARTS STUDIO, ITS AGENTS AND SPONSORS AGAINST ANY AND ALL LIABILITY, CLAIMS, JUDGMENTS OR DEMANDS FOR DAMAGES ARISING AS A RESULT OF ANY COURSE OF INSTRUCTION GIVEN BY STATE OF THE ARTS, OR DURING PERFORMANCES OR TRYOUTS. I AGREE TO ABIDE BY AND FOLLOW ALL RULES AND REGULATIONS SET FORTH BY STATE OF THE ARTS, INCLUDING THOSE LISTED IN THE STUDIO HANDBOOK PROVIDED. THESE INCLUDE POLICIES RELATED TO TUITION, FEES AND DUE DATES, AND GIVING NOTICE AT THE STUDIO DESK TWO WEEKS PRIOR TO DROPPING CLASSES. TUITION WILL CONTINUE TO BE CHARGED UNTIL SUCH NOTICE IS RECEIVED. ACCOUNT HOLDERS AGREE TO PAY ANY OUTSTANDING CHARGES IN FULL WHEN DUE WHILE ATTENDING, AND/OR WHEN STOPPING ATTENDANCE.

A NON-REFUNDABLE REGISTRATION FEE & ONE MONTH'S TUITION ARE DUE IN FULL AT THE TIME OF REGISTRATION

STUDENT SIGNATURE: _____ DATE: _____

IF STUDENT IS UNDER THE AGE OF EIGHTEEN, OR NOT THE ACCOUNT HOLDER ~

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____
(Account Holder)

For State Of The Arts Office Use ONLY: DATE RECEIVED _____ AUTO PAY FORM RECEIVED:
PAYMENT TYPE: RECEIPT # _____ CASH CREDIT: VISA MC APPROVAL # _____ CHECK # _____
PAYMENT REC'D BY _____ AMOUNT: _____ RECV'D FOR: _____