

# MARTA'S STUDENT INFORMATION 2011-2012

**Account #**

**Student Name:** \_\_\_\_\_

**Student D.O.B.:** \_\_\_\_\_ **Age as of Jan. 1:** \_\_\_\_\_

**Parents Names:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Other Phone:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

Email addresses are used only for getting you information faster and if you need to communicate with us!

## **MEDICAL RELEASE FORM 2011-2012**

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 any necessary emergency facility, until such time as I may be contacted. I also assume the Responsibility for the payment of any such treatment, and release Marta's Dance Studio and any and all of its affiliates from any and all liability. This release is effective for the period of one year.

ALLERGIES:

ADDITIONAL INFORMATION: \_\_\_\_\_  
MEDICATIONS: \_\_\_\_\_

SIGNATURE(PARENT/GUARDIAN) \_\_\_\_\_ DATE \_\_\_\_\_

## **PHOTOGRAPH & VIDEO RELEASE 2011-2012**

I, \_\_\_\_\_ (parent/guardian's name) hereby give my consent to allow my child \_\_\_\_\_ (child's name) to be photographed and/or videotaped at all performances, competitions and any newspaper articles or adds.

SIGNATURE(PARENT/GUARDIAN) \_\_\_\_\_ DATE \_\_\_\_\_

## **PRIVATE LESSON AGREEMENT**

I, \_\_\_\_\_ (parent/guardian's name) for my child \_\_\_\_\_ (child's name) understand that when a private lesson is scheduled with a teacher and there is a no call no show, dancer will be charged for the full amount for the time slot agreed on by you and the teacher.

SIGNATURE(PARENT/GUARDIAN) \_\_\_\_\_ DATE \_\_\_\_\_

## **TUITION, RECITAL, AND COMPETITION AGREEMENT**

I, \_\_\_\_\_ (parent/guardian's name) for my child \_\_\_\_\_ (child's name) understand that when participating in either Recital or Competition all fees need to be paid by required dates for costumes, recital and competition fees; in order to participate in these optional events. Also understand that the tuition is based on a yearly rate broken down into monthly payments, so if missing classes during any month you are still responsible to pay full monthly payments and can participate in a make-up class agreed on with all teachers involved prior to missing class or showing up for the make-up class.

SIGNATURE(PARENT/GUARDIAN) \_\_\_\_\_ DATE \_\_\_\_\_

**Office Use Only (don't fill this out)**

**Class & Level**

**Day**

**Account #**

**Start Time**

**Instructor**

\_\_ Ballet 1 2 3 M T W T F S

\_\_\_\_\_

\_\_ Ballet/Tap 1 2 3 M T W T F S

\_\_\_\_\_

\_\_ Hip Hop 1 2 3 M T W T F S

\_\_\_\_\_

\_\_ Jazz 1 2 3 M T W T F S

\_\_\_\_\_

\_\_ Lyrical 1-2 2-3 M T W T F S

\_\_\_\_\_

\_\_ Tap 1-2 2-3 M T W T F S

\_\_\_\_\_

\_\_ Private 1/2hr 1hr M T W T F S

\_\_\_\_\_

\_\_ Private 1/2hr 1hr M T W T F S

\_\_\_\_\_

\_\_ Private 1/2hr 1hr M T W T F S

\_\_\_\_\_

\_\_ M T W T F S

\_\_\_\_\_

\_\_ M T W T F S

\_\_\_\_\_

Total Class Hours \_\_\_\_\_  
Hours \_\_\_\_\_

Total Private

Registration \$ \_\_\_\_\_ # \_\_\_\_\_

Monthly Tution \$ \_\_\_\_\_

**Measurements**

**Bust** \_\_\_\_\_ **Waist** \_\_\_\_\_ **Hips** \_\_\_\_\_ **Girth** \_\_\_\_\_ **Inseam** \_\_\_\_\_

**Jazz** \_\_\_\_\_

**Hip Hop** \_\_\_\_\_

**Tap** \_\_\_\_\_

**Ballet** \_\_\_\_\_

**Lyrical** \_\_\_\_\_

**Solo** \_\_\_\_\_

**Duo/Trio** \_\_\_\_\_