

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 2012-2013

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 I release Marta's Dance Studio , Marta's Legacy 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 2012-2013

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 _____

Total Private Hours _____

Registration \$ _____ # _____

Monthly Tution \$ _____

Measurements

Bust _____ **Waist** _____ **Hips** _____ **Girth** _____ **Inseam** _____

Jazz _____

Hip Hop _____

Tap _____

Ballet _____

Lyrical _____

Solo _____

Duo/Trio _____

Account # _____