Treasured Talents Dance Studio Student Registration

STUDENT'S NAME: STUDENT'S AGE:	BIRTHDAY:	
		_
STUDENT'S GRADE LI MAILING ADDRESS:		
MAILING ADDRESS:		
PARENT/GUARDIAN I		
MOM'S NAME:	HOME PHONE:	
	CELL PHONE:	
	WORK PHONE	<u> </u>
PRIMARY EMAIL MOM'S		TEO DY ENGLY
DAD'S NAME:	- YOU WILL RECEIVE ALL UPDATES AND BILLING IN HOME PHONE:	•
DAD 5 NAME:	HOME PHONE: CELL PHONE:	
	WORK PHONE	
PRIMARY EMAIL DAD'S		•
	- YOU WILL RECEIVE ALL UPDATES AND BILLING IN	NFO. BY EMAIL)
•		,
	MAIL ADDRESS YOU WOULD LIKE TO BE YOUR PRIM LACING A * NEXT TO THE EMAIL ADDRESS	ARY CONTACT BY
PLEASE CHECK THE LINE	NEXT TO THE CLASS/CLASSES YOUR ARE RE	GISTERING FOR
ACRO 1	HIP HOP 1	
ACRO 2	HIP HOP 2	
ACRO 3	LYRICAL 1	
ACRO 4	LYRICAL 2	
ACRO 5	LYRICAL 3	
ACRO 6	MINI DANCE TEAM 1	
ACRO 7	MINI DANCE TEAM 2	
BALLET/POINTE	PRESCHOOL 1	
COMBO 1	PRESCHOOL 2	
COMBO 2	POM	
ELEMENTARY 1	TAP	
ELEMENTARY 2		
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Tuition is due the first class of every month regardless of whether or not you receive an invoice. The tuition fee is the same every month regardless of how many classes there are in a given month. If tuition is not current at the time of billing a late fee of \$10.00 will be added. An additional \$10.00 fee will be added for every month the balance remains outstanding. Dancers will be unable to attend classes if you are more than 2 months behind on tuition payments. Costume charges will be added to your bill at the time they are ordered. Costumes must be paid for in full by the date listed on the costume invoice. You will be charged any fees incurred by Treasured Talents Dance Studio for returned checks plus a \$30.00 return check fee. Your account must be paid in full in order for your child to receive their costume(s) and participate in the spring recital. Treasured Talents Dance Studio/Christina Nerdahl is not responsible for injuries sustained in classes or on studio grounds.

DATE	_//	/	PARENT/LEGAL GUARDIAN'S SIGNATURE:	

PHOTO/VIDEO WAIVER

Treasured Talents Dance Studio requests permission to use any photos/videos of your child taken at a Treasured Talents Dance Studio function or performances, for display at Treasured Talents Dance Studio, or at an event for Treasured Talents Dance Studio. We also request your permission to use any photos/videos of your child on the studio's website and on any Treasured Talents Dance Studio Advertising.

DATE// PARENT/LEGAL GUA	ARDIAN'S SIGNATURE:
HEALTH INFORMATION	N AND MEDICAL RELEASE/WAIVER
I,, the parent/s	ruardian of.
am aware that participation in dancing/acr understand that these risks include, but are and other aspects of the body that my include I understand the importance of my child's for training and other rules and agree my child allowing my child to participate, I hereby a and agree to release Treasured Talents Dan	o is potentially dangerous and involves risk of injury. I e not limited to injury to ligaments, muscles tendons, bones, de head, neck, or spine. Due to the dangers of this activity, ollowing the teacher's instructions regarding techniques, d will obey these instructions. In considerations for ssume all the risks associated with the sport of dance/acro, nce Studio and its employees or agents from any and all onnection with my child's participation in activities at
HOSPITAL/CLINIC PREFERENCE:	
PHYSICIAN'S NAME:	PHONE NUMBER:
INSURANCE COMPANY:	PHONE NUMBER:
POLICY NUMBER:	
ALLERGIES/SPECIAL HEALTH CONSIDERA	TIONS:
hospital procedures as may be performed or	ent, x-ray, laboratory, anesthesia, and other medical and/or r prescribed by the attending physician and/or paramedics d consent of treatment. This waiver applies only in the reached in case of an emergency
DATE/PARENT/LEGAL GUA	ARDIAN'S SIGNATURE:
In the event I cannot be reached please con	tact the following:
Emergency Contact #1	Emergency Contact #2
Name:	Name:
Relationship To Student:	Relationship To Student:
Phone Number:	Phone Number:

THESE FORMS NEED TO BE FILLED OUT FOR <u>EACH STUDENT</u>.
PLEASE MAIL ALL FORMS AND REGISTRATION FEES.

PLEASE MAKE SURE YOU HAVE FILLED OUT THE FORM COMPLETELY AND HAVE SIGNED EACH SECTION OF THE FORM

**REGISTRATION DEADLINE AUGUST 15 **

MAIL TO: TREASURED TALENTS DANCE STUDIO
C/O CHRISTINA NERDAHL
930 9TH AVENUE
GRANITE FALLS MN 56241

MAKE SURE ALL HIGHLIGHTED AREAS HAVE BEEN DATED AND SIGNED. YOUR FORM IS NOT COMPLETE UNLESS ALL SIGNATURES AND DATES ARE THERE