



## Registration Form

Students Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Age: \_\_\_\_\_

Gender: (check) Male \_\_\_ Female \_\_\_ Parent/Guardians: \_\_\_\_\_

Phone: (Cell #1) \_\_\_\_\_ Who's number is this? \_\_\_\_\_

(Cell #2) \_\_\_\_\_ Who's number is this? \_\_\_\_\_

Email Address: (Please print clearly!) \_\_\_\_\_

What is the best way to contact you? (Call, Text, Email)

\_\_\_\_\_

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

\_\_\_\_\_

Classes Registered For:

\_\_\_\_\_

\_\_\_\_\_

Are there any medical conditions we should be aware of? If any, please list:

\_\_\_\_\_

Monthly Payment: \_\_\_\_\_

\*A \$20.00 registration fee is due upon registration for new families

\*A \$10 administrative fee is due upon registration for returning families

CLASS LEVEL (OFFICE USE ONLY)

\_\_\_\_\_

## Photo/Video Consent:

Throughout the course of the dance season, photos and videos of your dancer may be taken for promotional use for our social media accounts or website. We love to use pictures and videos of our own dancers instead of images found online to help spread the word about Bloom Dance Studio with familiar faces. Please sign below to give us permission (or not) to use the photos/videos of your dancer for the above purposes. Thank you!

I, \_\_\_\_\_ (parent or legal guardian)

Grant permission

Deny permission

To Bloom Dance Studio to use the images/videos of my child, \_\_\_\_\_. (Dancers name)

Such use includes the display and publication of  
Photographs and videos taken of my  
child for use of materials (brochures, newsletters, magazine advertisements), Bloom Dance Studio's website and social  
media accounts.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Bloom Dance Studio Policies:

(Please initial)

\_\_\_\_\_ I understand that my child will be asked to observe the class if they are more than 10 minutes late

\_\_\_\_\_ I understand that Bloom Dance Studio is not responsible for lost or stolen items within the Dressing Room or throughout the facility.

\_\_\_\_\_ I understand that my student must be in full dress code including hair to participate in class

\_\_\_\_\_ I understand that good class attendance is necessary for a dancer to progress and improve in class

\_\_\_\_\_ I understand the tuition will be due the 3<sup>rd</sup> week of the month for the following month. All payments handed in 7 days past the due week will be charged a \$10 late fee.

\_\_\_\_\_ I understand that the dance season runs from September 2017 until the Recital in June in 2018. \*\*If your dancer decides to quit the classes they have registered for before the end of the season, you will be asked to fill out a student withdrawal form. Please be kind enough to give our staff as much notice as possible before leaving. You will not be refunded any tuition payments that have been handed in\*\*

\_\_\_\_\_ I understand that Bloom Dance Studio has limited parking in the front of the studio and will adhere to the parking requests stated within the handbook. I will be willing to move my vehicle if asked by a staff member of Bloom or a neighbor within the neighborhood\*\*

LIABILITY RELEASE FORM  
RELEASE OF ALL CLAIMS

Bloom Dance Studio

To whom it may concern:

To the best of our knowledge our child whose name is \_\_\_\_\_ has no special allergies or medical problems except as noted below. (Use the word NONE if no medical problems. Please list other medical problems, i.e., allergies, medications etc.)

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Please provide the following information:

1. Who should we contact in the case of an emergency? \_\_\_\_\_
2. Relationship to child? \_\_\_\_\_
3. Best number to reach them? \_\_\_\_\_

We, the *undersigned*, do hereby release Bloom Dance Studio from any and all liability concerning my child during the course of the dance season.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_