

PASEO DANCE PROGRAM REGISTRATION

FAMILY NAME _____

FIRST NAME _____ LAST NAME _____

MOTHER

HOME PHONE _____ CELL# _____

EMAIL _____

FIRST NAME _____ LAST NAME _____

FATHER

HOME PHONE _____ CELL# _____

EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMERGENCY CONTACT INFORMATION _____

HEALTH INSURANCE CARRIER _____

STUDENT'S FIRST NAME _____ LAST NAME _____

BIRTHDATE _____(M/D/Y) GRADE _____

DISABILITIES _____

ALLERGIES _____

PRIMARY DOCTOR _____ PHONE _____

SPECIAL SKILLS _____

YEARS OF DANCE EXPERIENCE _____

STUDENT MAY BE PICKED UP BY THE FOLLOWING PERSON(S):

ANY OTHER INFORMATION YOU WOULD LIKE TO SHARE:

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MISSED CLASSES: STUDENTS PLEASE CALL OR EMAIL THE DAY OF ABSENCE AND YOU MAY SCHEDULE A MAKE-UP CLASS WITHIN 14 DAYS OF ABSENCE. _____ I'VE READ THE ABOVE AND AGREE.

INSURANCE: IT IS REQUIRED THAT ALL DANCE STUDENTS BE COVERED BY THEIR OWN FAMILY INSURANCE POLICIES AND IF INJURY OCCURS IT IS UNDERSTOOD THAT THE STUDENT'S OWN POLICY IS THE ONLY SOURCE OF REIMBURSEMENT. _____ I'VE READ ABOVE AND AGREE.

PARTICIPATION WAIVER: I UNDERSTAND THAT IN DANCE THERE IS A CERTAIN LEVEL OF RISK OF INJURY INVOLVED. IN THE EVENT THAT A MEDICAL EMERGENCY OCCURS, PASEO DANCE PROGRAM STAFF HAVE MY PERMISSION TO SEEK REASONABLE MEDICAL ATTENTION FOR MY CHILD _____. I FURTHER UNDERSTAND THAT ALL FEES AND LIABILITIES PERTAINING TO THIS EVENT ARE _____ RESPONSIBILITY AND THAT PASEO DANCE PROGRAM AND ITS AGENTS WILL NO WAY BE HELD AT FAULT.

TUITION: DANCE TUITION WILL BE DEBITED EACH MONTH AUTOMATICALLY FROM PASEO CLUB ACCOUNT OR CREDIT CARD AND IT IS ALSO UNDERSTOOD THAT STUDENTS MAY CANCEL THEIR SCHEDULED MONTHLY CLASSES WITH A 30 DAYS WRITTEN NOTICE TO DIRECTOR OF DANCE PROGRAM. TUITION REMAINS THE SAME REGARDLESS OF A SHORT 3 WEEKS OR LONG 5 WEEKS MONTH AND REGARDLESS OF ABSENCES. _____ I'VE READ ABOVE AND AGREE.

TUITION DISCOUNTS: ANY STUDENT THAT WANTS TO MAKE PAYMENT FOR FOUR MONTHS OF DANCE CLASSES WILL RECEIVE A 5% DISCOUNT OFF TOTAL COST AND ANY STUDENT MAKING PAYMENT FOR 10 MONTHS TO A YEAR OF CLASSES UP FRONT WILL RECEIVE 10% OFF TOTAL COST. _____ I'VE READ ABOVE AND AGREE.

TUITION IS NON-REFUNDABLE: IF FOR ANY REASON YOU CANNOT CONTINUE LESSONS THAT HAVE BEEN PAID FOR, A CREDIT FOR FUTURE CLASSES WILL BE ISSUED AT THE DIRECTOR'S DISCRETION. _____ I'VE READ THE ABOVE AND AGREE.

PHOTO/VIDEO RELEASE: I GRANT PASEO DANCE PROGRAM STAFF THE RIGHT TO TAKE PHOTOGRAPHS/VIDEOS OF MY CHILD IN CONNECTION WITH HIS/HER ACTIVITIES WITH DANCE TEAM. I ALSO AGREE THAT PASEO DANCE PROGRAM MAY USE SUCH PHOTOS AND VIDEOS FOR ANY LAWFUL PURPOSE, INCLUDING BUT NOT LIMITED TO PUBLICITY, ILLUSTRATION, ADVERTISING, AND WEB CONTENT. _____ I'VE READ THE ABOVE AND AGREE.

DANCE PROGRAM UPDATES: PASEO DANCE PROGRAM USES EMAIL, HARD COPY AND PHONE TO NOTIFY DANCERS OF IMPORTANT UPCOMING INFORMATION. ALL PHONE NUMBERS AND EMAIL ADDRESSES ARE KEPT PRIVATE. _____ I'VE READ THE ABOVE AND AGREE.