

**Cannon Arts Dance Studio**

**Registration 2017-18**

Student Name: T-shirt size:

Student Date of Birth: Age:

Parents’ Name:

E-mail Address:

Cell Phone #: Home Phone:

Address:

Will pay tuition Monthly Quarterly Annually

Please check class(es) time(s) attending: Placement for some classes may require attending a Placement Class

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| 4-5 | 4-5 | 4-5 | 4-5 | 4:15-5 |
| 5-5:30 | 5-6 | 5-6 | 5-6 | 5-6 |
| 5:30-6:30 | 6-7 | 6-7 | 6-7 | 6-7 |
| 6:30-7:15 | 7-8 | 7-8 | 7-8 |  |
|  | 8-9 |  |  |  |

Please list day & time of any private lessons

Returning students list number of years at Cannon Arts Dance Studio

**Please list any health concerns or current medications:**

**Agreement, Waiver and Release**

As the legal parent or guardian, I release and hold harmless Cannon Arts Dance Studio, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Cannon Arts Dance Studio, its owners and operators or in route to or from any of said premises.

As the legal parent or guardian, I release and hold harmless Cannon Arts Dance Studio, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Cannon Arts Dance Studio, its owners and operators or in route to or from any of said premises.

The undersigned gives permission to Cannon Arts Dance Studio, its owners and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health.

Tuition is due by the first of each month. If accounts are paid after the fifteenth of the month, there will be a $15.00 late fee applied to the account balance. There is a $25.00 returned check charge for any checks returned by the bank.

I will \_\_\_\_ will not\_\_\_\_ allow my child to appear in media (internet, newspaper, etc)\*\* I have reviewed studio policies and calendar. If my contact information changes, it is my responsibility to notify studio.

Signature: Date: