



COASTAL

Dance Studio

Registration \$ _____
 1st Month \$ _____
 \$ _____
 \$ _____
 Total \$ _____

Cash Credit card
 Check # _____

2020-21 REGISTRATION FORM (ONE FORM PER FAMILY) (\$40 INDIVIDUAL/\$50 FAMILY)

Parent Name: First: _____ MI: _____ Last: _____

Home Address: _____

City/State/Zip: _____ / _____ / _____

Email: _____

Home Telephone: _____ Cell _____ Work _____

(MM/DD/YYYY)

Student Name(1): First: _____ MI: _____ Last: _____ DOB:(_____ / _____ / _____)

Student Name(2): First: _____ MI: _____ Last: _____ DOB:(_____ / _____ / _____)

Student Name(3): First: _____ MI: _____ Last: _____ DOB:(_____ / _____ / _____)

Student Name(4): First: _____ MI: _____ Last: _____ DOB:(_____ / _____ / _____)

In case of emergency notify: _____ Relationship to child: _____

Emergency Contact Phone: _____ Cell: _____ Work: _____

If student has any ailments, restrictions,
 or allergies, please explain:

Please indicate student's desired classes. If more than one student, please indicate by name.

3-5 year olds

Ballet/Tap Combo _____

K-12th grade

Ballet/Lyrical Combo _____
 Tap/Jazz Combo _____
 Ballet Technique _____
 Pointe I (5th grade & up) _____
 Contemporary I _____
 Contemporary II _____
 Hip Hop I _____
 Hip Hop II _____

6th -12th grade

Ballet _____
 Lyrical _____
 Tap _____
 Jazz _____
 Pointe II _____
 Pointe III _____
 Contemporary III _____
 Hip Hop III _____

I am interested in: ***Please choose one:***

In person classes Online virtual classes My child attends online/homeschool and can attend day classes for dance

Please tell us about any scheduling you would like for us to consider, i.e. preferred time/day, your child carools, etc:

Please complete the following if you would like to sign up for automatic recurring credit card draft.

Name on credit card: _____ Card # _____ - _____ - _____ - _____ Exp date: _____ Code: _____

By signing below, you agree to recurring credit card draft on account balances and to the 4% credit card convenience fee.

Authorized signature: _____ Today's Date: _____

Mailing address: 512 Cardinal Circle E., Saint Marys, GA 31558

For Office Use Only: Registration Class schedule Tuition Costumes Recital

Parent Release for Media Recording

I, the undersigned, do hereby grant permission to Coastal Dance Studio, Inc to use the image of my child, _____, as marked by my selection below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Coastal Dance Studio, Inc Website.

Grant permission to use my child's image in the following way:

- ✓ **Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Coastal Dance Studio for a variety of purposes and that these images may be used without further notifying me.

Please read and initial additional releases, policies, and sign on the bottom:

- _____ A. I understand that dance, taekwondo and related activity at Coastal Dance Studio, Inc may be dangerous and does or may involve risk if injury, loss, loss or damage. I further acknowledge that such risks may include but not limited to bodily injury, personal injury, sickness, disease, death, and property loss or damage, arising from the surrounding circumstances among others.
- _____ B. By signing this RELEASE AND INDEMNIFICATION AGREEMENT, I hereby expressly assume all such risks of injury, loss, or damage to me, my child(ren) or to any related third party arising out of or in any way related to the activity at Coastal Dance Studio, Inc or other location business may be conducted at related to its activities, whether or not caused by the act, omission, negligence, or other fault of Coastal Dance Studio, Inc, its officers, its employees, its contractors, its volunteers, or by any other cause. I further hereby exempt, release, and discharge Coastal Dance Studio, Inc, its officers, its employees, its contractors, its volunteers, from any and all claims, demands, and actions for such injury, loss, or damage, arising out of or in any way related to Coastal Dance Studio, Inc activities.
- _____ C. Parent/Guardian Medical Consent: As the parent or legal guardian, I authorize Coastal Dance Studio, Inc staff to render first aid to the above named minor child(ren) in the event of injury. Also, I authorize a licensed medical professional to examine this/these minor(s) and, in the event of injury, to render such care as he or she deems necessary for the treatment of such injury. I further authorize the Coastal Dance Studio, Inc to send this/these child(ren) to the hospital or licensed medical professional most accessible in the event of an injury or accident. I understand all related medical billing obligations are the responsibility of the parent or legal guardian.
- _____ D. I understand tuition is due by the 1st of each month, accounts not current by the 10th of the month will be assessed a \$10 late fee. Students will not be allowed to participate in class if payment is not received by the 10th of the month. There is a \$25 returned check charge for any checks returned by the bank. Monthly tuition is prorated over 10 months. We do not issue refunds for students who miss class or for scheduled studio closings due to holidays. I understand all fees and tuition paid are non-refundable. I have received a complete list of studio policies which I have read and understand.
- _____ E. I understand tuition is prorated over the 10 month season. I understand holidays and scheduled studio closings are built into this prorated scheduled. I understand classes will not be made up when the studio is closed due to holidays, scheduled closings, and severe weather. I understand the Studio will follow and base most of its scheduled closings and holidays to coincide with the Camden County School calendar. I understand closings for severe weather will coincide with Camden County School's recommendation for severe weather closings or any local agency recommendation

PARENT/GUARDIAN SIGNATURE: _____ DATE: ____/____/____

PARENT/GUARDIAN NAME (Please Print): _____

Save this form and email it to coastaldance@tds.net