



Registration \$ \_\_\_\_\_  
 1<sup>st</sup> Month \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_  
 Cash  Credit Card  
 Check # \_\_\_\_\_

**2022-23 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 \_\_\_\_\_

Student Name(1): First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_ DOB:( \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ) (MM/DD/YYYY)

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.**

<b><u>3-5 year olds</u></b>	<b><u>K – 12<sup>th</sup> grade</u></b>	<b><u>6<sup>th</sup> – 12<sup>th</sup> grade</u></b>
Ballet/Tap Combo _____	Ballet/Lyrical Combo _____	Ballet _____
_____	Tap/Jazz Combo _____	Lyrical _____
	Ballet Technique _____	Tap _____
	Pointe I (5 <sup>th</sup> grade & up) _____	Jazz _____
	Contemporary I _____	Pointe II _____
	Contemporary II _____	Pointe III _____
	Hip Hop I _____	Contemporary III _____
	Hip Hop II _____	Hip Hop III _____
	_____	_____

I am interested in:

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/debit card draft.

Name on card: \_\_\_\_\_ Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp date: \_\_\_\_\_ Code: \_\_\_\_\_

By signing below, you agree to recurring credit/debit draft on account balances (tuition/costume/recital fees, etc) and to the 4% convenience fee.

Authorized signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

## 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, it officers, its employees, its contractors, its volunteers, or by any other cause. I further hereby exempt, release, and discharge Coastal Dance Studio, Inc, it 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 1<sup>st</sup> of each month, accounts not current by the 10<sup>th</sup> 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 10<sup>th</sup> 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): \_\_\_\_\_