



2011-2012 Registration Form

3317 Worthington Blvd, Ijamsville, MD 21754
 (301) 874-4367 • www.urbanadance.com

Returning Student (from previous year) New Student

Start Date: _____ How did you learn about us? _____

STUDENT INFORMATION (Please print)

Student Name _____	Birth Date _____	Grade _____
Street/Apt # _____	City _____	State _____ Zip Code _____
Phone _____	School _____	Years of Past Instruction _____

PARENT/GUARDIAN INFORMATION (Please print)

Mother's Name _____	Home Phone _____
E-mail (very important as this is our main way of communicating) _____	Cell Phone _____
Father's Name _____	Home Phone _____
E-mail (very important as this is our main way of communicating) _____	Cell Phone _____

CLASS REGISTRATION \$15 Individual/\$25 Family (non-refundable)

CLASS	DAY	TIME	YEARLY COST
1.			
2.			
3.			
4.			

Shaded Areas to be completed by staff only:

REGISTRATION FEE		DANCE DEPOSIT (first & last month installment)	
(+) YEARLY TUITION		(+) DANCE WEAR	
(-) DISCOUNT		(=) TOTAL DUE AT REGISTRATION	
(=) TOTAL TUITION			
10 INSTALLMENT PAYMENTS OF			

Credit Card#: _____

Expiration Date: _____ VISA _____ MC _____

Mandatory

Payment must be made thru our online auto payment with Visa or Mastercard. A debit card can be used as long as it is a Visa or Mastercard. Automatic withdrawals from your debit/credit card will begin on October 1. With automatic payment, you give us permission to debit your credit card on file each month for your monthly tuition and costume payment.

AMOUNT RECEIVED	_____	CASH	<input type="checkbox"/>	CHECK	_____	CREDIT CARD	<input type="checkbox"/>
DATE RECEIVED	_____	RECEIVED BY	_____				

EMERGENCY CONTACT INFORMATION

Emergency Contact(s) during class time:	Phone:	Relationship:
Physician's Name:	Phone:	
Insurance Company:	Policy/Group/ID #	
Has your child ever been advised by a medical doctor not to participate in any athletic activity? <input type="radio"/> YES <input type="radio"/> NO If yes, explain: _____		
ALLERGIES: Foods, medicine, insects, plants, etc.: <input type="radio"/> YES <input type="radio"/> NO If yes, explain: _____		
MEDICATIONS: <input type="radio"/> YES <input type="radio"/> NO If yes, please list: _____		
Does your child have any of the following conditions that we should be aware of? Asthma? <input type="radio"/> YES <input type="radio"/> NO ADD/ADHD? <input type="radio"/> YES <input type="radio"/> NO Learning Disability? <input type="radio"/> YES <input type="radio"/> NO Other? <input type="radio"/> YES <input type="radio"/> NO If yes, explain: _____		
RELEASE: By signing below, I hereby authorize the staff of Urbana Dance Studio to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release Urbana Dance and Performing Arts Studio, LLC and its staff from any and all liability for any injuries or illnesses while going to and from and while at Urbana Dance and Performing Arts Studio, LLC. Any and all medical expenses incurred will be my responsibility. I have no knowledge of any physical or mental impairments that would be affected by the student's participation in the Urbana Dance Studio program.		
_____ Parent/Guardian Signature		_____ Date

GENERAL CONSENT AND RELEASE

I hereby waive and release Urbana Dance and Performing Arts Studio, LLC, it's officers, agents, volunteers, and employees from all acts or omissions resulting in any physical injuries, medical treatment, or other damages to myself or any minors of whom I am parent or legal guardian, resulting from participation in Urbana Dance Studio programs. I further waive and release Urbana Dance Studio and it's officers, agents, volunteers, and employees from any damages sustained by the aforementioned or any guests of the aforementioned as a result of any condition, act, omission or accident on or at Urbana Dance Studio or any other premises upon which any activity related to Urbana Dance Studio takes place.

Urbana Dance Studio reserves the right to suspend or remove any individual from class in the event of behavioral problems, with an understanding that if the individual is removed, there will be no credit given. Urbana Dance Studio is not responsible for material, injuries, or liabilities.

PHOTO, VIDEO & AUDIO RELEASE. I hereby give permission to Urbana Dance Studio to photograph, video, film and/or audio record my child and/or me. I consent to the use of such materials for all uses including recital videos, class photos, and all promotional material, including the Urbana Dance Studio web site. This release is granted in perpetuity.

I have read and understand the Policies and Procedures as stated in the Registration Packet and posted by Urbana Dance Studio and agree to abide by the terms and conditions therein including the TUITION PAYMENTS, CODE OF CONDUCT and any further POLICIES & PROCEDURES set forth by Urbana Dance Studio.

Parent/Guardian Signature

Date