

butler school of *dance*

2019-2020 REGISTRATION FORM

\$20 REGISTRATION FEE - DUE AT REGISTRATION

1775 N Main Street Ext | Butler PA 16001 | 724 841 0321 | butlerdance@gmail.com

STUDENT INFORMATION

Student Last Name	First	Middle Initial	Birthdate / /	Age	Grade
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Prior Dance Experience Number of Years _____

PARENT/GUARDIAN INFORMATION

Father	Mother	Other (Please Specify)	Relationship to Student
Street Address		City	State ZIP Code
Home Phone ()	Cell Phone ()	Email Address	

CONTACT INFORMATION - CHOOSE ONE (BEST WAY TO RELAY INFORMATION REGARDING MY CHILD)

Contact Name _____

Home Phone Cell Phone Email
 Text Other _____

PLEASE CHECK THE CLASS SUBJECTS YOU WISH TO TAKE (LEVEL PLACEMENT IS BASED ON INSTRUCTOR RECOMMENDATION)

Tap/Ballet Jazz Acrobatics Hip Hop
 Modern Cecchetti Pointe

MEDICAL CONSENT

It is the policy of BUTLER SCHOOL OF DANCE, (BUTLER DANCE CENTER, LLC) to notify a parent when a child is in need of medical attention. Occasionally, we cannot contact a parent/guardian and need immediate help for a student. Please sign below to allow BUTLER SCHOOL OF DANCE appropriate action on behalf of your child.

I, THE PARENT/GUARDIAN OF _____, UNDERSTAND THAT MY SIGNATURE ON THIS AGREEMENT GIVES MY CONSENT TO THE STAFF OR THOSE REPRESENTING BUTLER SCHOOL OF DANCE (BUTLER DANCE CENTER, LLC) TO TRANSPORT MY CHILD TO A HOSPITAL OR CALL AN AMBULANCE SO EMERGENCY CARE CAN BE GIVEN. I ALSO GIVE MY PERMISSION TO ADMINISTER EMERGENCY CARE.

Physician Name	Office Phone ()
Medical Insurance Provider	Plan ID #

Medical Conditions (Please list any allergies, handicaps, learning disabilities, or chronic conditions)

Parent/Guardian Signature	Date / /
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IN CASE OF EMERGENCY, CONTACT -

Name	Relationship to Student
Home Phone ()	Cell Phone ()



BSD Policies

PAYMENT

I agree to be responsible for tuition payments until NOTIFICATION OF WITHDRAWAL. I know that payment is due the first of each month. Payments received after the 10th of the month may be assessed a \$10 late fee. I am aware that there are NO REFUNDS or DEDUCTIONS for classes not attended. I understand that the NOTIFICATION OF WITHDRAWAL form must be submitted to the dance studio one month prior to withdrawal. If the NOTIFICATION OF WITHDRAWAL is not submitted, my account will remain active and I will be responsible for tuition, regardless of student absences.

My signature indicates that I have reviewed the payment policy.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

WAIVER & RELEASE

I, the undersigned parent and/or guardian of _____, a minor, upon signing this agreement do hereby acknowledge that the activities that I have requested my daughter/son participate in may be stressful on the body and carry with them the risk of physical injury. Therefore I hereby release, discharge and agree to hold harmless and safe from any and all liabilities BUTLER SCHOOL OF DANCE (BUTLER DANCE CENTER, LLC) Becky Sanzotti and any of the teacher or assistants from any and all claims, demands, actions, and causes of action arising out of the activities of said business, specifically including dance, acrobatics and related classes, practices and performances.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child participate in the program offered by BUTLER SCHOOL OF DANCE (BUTLER DANCE CENTER, LLC). I do waive and release all rights and claims for damages that I or my child may have against BUTLER SCHOOL OF DANCE (BUTLER DANCE CENTER, LLC), and/or its representatives whether paid or volunteered.

My signature indicates that I have reviewed the waiver & release.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PHOTO/VIDEO RELEASE

BUTLER SCHOOL OF DANCE, (BUTLER DANCE CENTER, LLC) may use photos or video of your child for social media, website, news releases, marketing and advertising or other publicity. Please sign below to grant your permission to use your child's photo/video for the purposes listed above.

My signature indicates that I have reviewed the photo/video release.

PARENT/GUARDIAN SIGNATURE _____ DATE _____