THE DANCE COMPLEX

Registration Fee: $_____ ☐ **PAID** _____

REGISTRATION FORM

DANCER INFORMATION

Dancer's Name: _____

Date of Birth: _____

Parent/Guardian(s): _____

Phone (1): _____ Phone (2): _____

Email(s): _____

CLASS REGISTRATION

CLASSES:	TUITION
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____

UNLIMITED TUITION: ☐ YES - Total: _____

Multiple Class Discount: _____ % or Sibling Discount: _____ %

TUITION SUMMARY

Total Tuition $_____

Discount: _____ % $_____

TUITION FINAL **$**_____

REGISTRATION AGREEMENT, POLICIES & CONSENTS

By signing below, I confirm that I am the parent or legal guardian of the dancer listed above, or that I have legal authority to register this dancer for classes at The Dance Complex.

I understand that registration constitutes an agreement to follow The Dance Complex's current studio policies, rules, procedures, class expectations, tuition requirements, and payment policies. I understand that tuition and applicable fees are the responsibility of the parent/guardian and that I am responsible for keeping my contact and registration information current.

I understand that dance and other physical activities involve inherent risks, including but not limited to falls, slips, collisions, strains, sprains, and other injuries. I agree that my dancer will follow instructor directions, studio safety rules, and appropriate class procedures and will notify an instructor if they are experiencing pain, illness, or injury.

I certify that the medical, allergy, and emergency information provided on this form is accurate to the best of my knowledge. I agree to notify The Dance Complex of any medical condition, allergy, injury, medication, limitation, or other information that may affect my dancer's ability to safely participate.

In the event of an emergency, I authorize The Dance Complex, its instructors, employees, or designated representatives to seek or arrange reasonable emergency medical assistance for my dancer if I cannot be reached in a timely manner. I understand that I am responsible for any medical, ambulance, hospital, or other expenses incurred on behalf of my dancer.

I give The Dance Complex permission to photograph and/or video my dancer during studio-related classes, events, performances, competitions, and activities and to use those images/videos for studio-related marketing, advertising, social media, website, and promotional purposes without additional notice or compensation. If I do not want my dancer photographed or recorded for studio-related marketing or promotional purposes, I understand that I must notify The Dance Complex in writing by email.

I authorize The Dance Complex to contact me using the phone number(s) and email address(es) provided above regarding classes, schedules, tuition, performances, events, announcements, and other studio-related information.

I understand that additional studio policies, procedures, schedules, fees, and requirements may apply throughout the dance season. By signing below, I acknowledge that I have read, understand, and agree to the terms stated above and the applicable policies of The Dance Complex.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____