



Tustin Dance Center

Registration Form



How did you hear about us? _____ Referral Name: _____

Family Name: _____

Parent #1 Information

* Denotes required information

*First Name: _____ *Last Name: _____

*Relationship: _____ (Mother, Father, Grandparent, etc.)

*Home Phone: _____ *Cell Phone: _____

*Address: _____

*City: _____ *State: _____ *Zip Code: _____

*Email: _____ (Please print legibly)

*Employer: _____ Work Phone: _____

Insurance Carrier: _____ Policy Number: _____

Parent #2 Information

* Denotes required information

*First Name: _____ *Last Name: _____

*Relationship: _____ (Mother, Father, Grandparent, etc.)

*Home Phone: _____ *Cell Phone: _____

*Address: _____

*City: _____ *State: _____ *Zip Code: _____

*Email: _____ (Please print legibly)

*Emergency Contact Information (person other than Parent #1 or Parent #2)

First Name: _____ Last Name: _____

Relationship: _____ Emergency Phone: _____

Student #1 Information

* Denotes required information

*First Name: _____ *Last Name: _____

*Gender: M or F (Circle one) *Birth Date: _____

Email: _____ (Please print legibly)

School: _____ Grade Level: _____

Disabilities: _____ Allergies: _____ Medications: _____

Primary Doctor: _____ Phone: _____

*Classes:

Class Name: _____ Day: _____ Time: _____

Class Name: _____ Day: _____ Time: _____

Class Name: _____ Day: _____ Time: _____

Class Name: _____ Day: _____ Time: _____

Class Name: _____ Day: _____ Time: _____

Student #2 Information	* Denotes required information
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*First Name: _____	*Last Name: _____
*Gender: M or F (Circle one)	*Birth Date: _____
Email: _____ (Please print legibly)	
School: _____	Grade Level: _____
Disabilities: _____ Allergies: _____ Medications: _____	
Primary Doctor: _____	Phone: _____
*Classes:	
Class Name: _____	Day: _____ Time: _____
Class Name: _____	Day: _____ Time: _____
Class Name: _____	Day: _____ Time: _____
Class Name: _____	Day: _____ Time: _____
Class Name: _____	Day: _____ Time: _____

Tuition Calculation

Registration Fee (annual per dancer) \$ _____	Payment Method:
Total Number of Family Hours: _____	Cash / Check / Visa / Mastercard
Monthly Family Fee \$ _____	#: _____
Total: \$ _____	

Release of Liability: As the legal parent/guardian of the minor(s) registered herein, I release and hold harmless Tustin Dance and Music Center LLC (dba, Tustin Dance Center), its owners, members, operators and employees from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or premises under the control and supervision of Tustin Dance and Music Center LLC (dba, Tustin Dance Center), its owners, members, operators, or employees or in route to or from any of said premises.

Initials: _____

Medical Emergency: As the legal parent/guardian of the minor(s) registered herein, I give permission to Tustin Dance and Music Center LLC (dba, Tustin Dance Center), its owners, operators, members and employees to seek qualified emergency medical treatment for the participant(s) in the event they are not able to reach a parent or guardian. I hereby declare the participants to be in good physical or mental health or declare in writing any physical/mental problems, restrictions or conditions. I request that our primary doctor/physician _____ (Phone _____) be called and that said participant be transported to _____ hospital if possible.

Initials: _____

Payment Information: Tuition is due the first day of each month. If accounts are paid after the 10th of the month, a \$15.00 late fee will be applied to the balance. There is a \$35.00 charge for any checks returned by the bank due to insufficient funds.

Initials: _____

Studio Policies: I have read and/or been given a copy of the Tustin Dance Center policies, including but not limited to tuition rates, attendance, studio closures, special performances, observation, attire, cancellations, dance attire, photography/video, and am in agreement with these policies.

Initials: _____

_____ Parent/Guardian Name (Printed)	_____ Parent/Guardian Signature	_____ Date
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