
FUSION DANCE ACADEMY

Registration

2017-2018

Students Name _____ Age _____ DOB _____

Address _____ City _____

Home phone# _____ Email _____

Mothers Name _____ Cell Phone # _____

Email _____

Fathers Name _____ Cell Phone # _____

Email _____

Years of dance experience _____ Last studio attended _____

If a new student how did you hear about us? _____

Any known allergies, past or present injuries, or health problems _____

I give permission to Fusion Dance Academy to authorize any medical attention needed to my child/student in the event of an emergency on or off the studio premises.

Initial _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____
Class _____ Day _____ Time _____
Class _____ Day _____ Time _____
Class _____ Day _____ Time _____
Class _____ Day _____ Time _____

I do understand that tuition is due the first of every month, and the cost of lessons remain the same whether there are 3, 4, or 5 lessons in a month. There will also be a \$5 late charge for payments received after the 10th of the month. I also agree that if my child withdraws from lessons at Fusion Dance Academy, I will notify the studio immediately or I will be automatically charged.

Initials _____ Date _____

By signing below I agree that Fusion Dance Academy is in no way responsible for the safekeeping of my personal belongings while I attend class. I understand that class at Fusion Dance Academy may be physically strenuous and my child or I voluntarily participate in them with full knowledge that there is a risk of personal injury, property loss or death. I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind against Fusion Dance Academy or its members for any personal injury, property loss or damage, or wrongful death to my child or myself whether caused by negligence or otherwise. I agree to give full rights to Fusion Dance Academy and its staff to use photo or video images of my child or myself to use for promotional purposes of the Fusion Dance Academy. I also understand that by signing below I agree that all fees are non- refundable.

Parents Name _____

Parents signature _____ Date _____