

New Attitudes Dance Company



Summer 2017 Registration Form

June 12th – August 24th (9 weeks, no class weeks of July 4th & 17th)

Student Name _____ Age _____

Date of Birth _____ School _____ Grade (in fall) _____

Address _____ City _____ Zip Code _____

Home phone _____ Parent/Guardian(s) _____

Parent #1 Cell _____ Parent #2 Cell _____

Main email(s) _____

**** Please provide an email address that is checked regularly!** Emails will be used to communicate important info such as cancelations, billing, rehearsals, schedules, & more**

Previous Dance Experience _____

How did you hear about New Attitudes Dance Co.? _____

Enrolling in the following class(es):

Class Title :	Day/Time Class Meets:	Number of Hours/Week:

Total Hours per Week _____

Competitive Company Dancer: YES NO

Emergency Contact (other than parent) _____ Relationship _____

City/Region _____ Home phone _____ cell phone _____

Insurance Carrier: _____ Hospital Preference: _____

Allergies (food, medicine, etc): _____

****Please read the below statement in its entirety****

Indicated in the space below are any health problems or conditions of which the studio should be aware (such as heart, back, medical, allergy, muscular, pregnancy, diabetes, epilepsy, special medication, knee/hip/shoulder problems, etc.). I understand that risk of injury is inherent in any physical activity and I, on behalf of myself and/or my child, knowingly and voluntarily accept that risk. I, the undersigned hereby waive and release Karlyn Meyer individually and New Attitudes Dance Co. and its staff from any and all claims or damages of any kind arising out of my child's participation in the exercise and/or dance program of New Attitudes Dance Co. I further certify that the aforementioned student is in proper physical condition to participate in the exercise/dance program and that he/she has been examined by a licensed physician and found to be in proper physical condition to participate in said program. I, the undersigned, do hereby authorize Karlyn Meyer or her designated agents (being teachers or administrators employed by NADC to obtain medical treatment for my said child in emergency situations where I cannot be reached in time to authorize the treating physician to provide such emergency medical services. I understand that I am responsible for any medical expenses and that the absence of health insurance does not make NADC responsible for payment of medical expenses. This authority includes the power to authorize any and all treatment deemed necessary under the circumstances by a licensed physician. I understand the statements above and agree to its terms.

I agree to the above statement: _____ Date: _____

Any/all medical conditions NADC needs to be aware of: _____

NADC may use group portraits and other images taken during performances, classes, studio activities, etc. for social media and marketing purposes. Please check one line below in regards to NADC's image use policy.

_____ NADC may use images with my child pictured

_____ Please refrain from using images picturing my child

Payment options:

Plan 1: Tuition paid in full at registration (or first week of class)

Plan 2: Tuition payment made in two installments (Installment #1 due June 12th, #2 due July 24th)

****If another payment plan would better suit your needs, please speak with reception.****

I have chosen payment option _____

Signature _____ Date _____