



**Student Registration/Information Form**

**(Office Use) New** \_\_\_\_\_ **Current** \_\_\_\_\_ **Start date** \_\_\_\_\_ *(updated 11/2018)*

Student's Name (First & Last): \_\_\_\_\_ Date of Birth : \_\_\_\_\_ T-shirt size \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother Cell #: \_\_\_\_\_

For Text message reminders, your mobile service provider: \_\_\_\_\_ Email \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father Cell #: \_\_\_\_\_

For Text message reminders, your mobile service provider: \_\_\_\_\_ Email \_\_\_\_\_

Student E-mail: \_\_\_\_\_ Student Phone \_\_\_\_\_

For Text message reminders, your mobile service provider: \_\_\_\_\_

Name of Responsible Party: \_\_\_\_\_

If Address and phone numbers are different from above please include: Telephone #: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please advise us of any medical conditions that may affect the student's participation as well as any medication student is currently taking:**

---

**Emergency Contact if parents are unreachable:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

---

**Other persons authorized to pick up student from class**

### Agreement for Participation

- Participant understands that dance classes may include, without limitation, dancing with props, stretching, barre work, across the floor combinations, dance routines in the center, and other related activities. Other classes held in school may include body and vocal warm-ups, physical exercises and other related activities. Participant further understands that all of the activities of any class involves some degree of risk of strain or bodily injury.
- Participant acknowledges that Studio Sharise (SS) has neither made claims as to medical results nor suggested medical treatment to participant. It is assumed, unless otherwise noted, that participant is in good health and suffers no physical impairment which would limit the use of SS facilities.
- Participant understands that the instructors of SS make no claims to be medically trained. Participant undertakes the sole responsibility for attending the facilities at the location offered by SS. It is a condition of the use of the facilities and premises by any person, including participant, that such person voluntarily assumes all risks of accident of damage to his/her person, property and loss thereof. Neither SS nor its officials, agents, or instructors shall be liable for any claim, liability, or demand of any kind for, or on account of personal illness, injury, or damages, or loss of any kind sustained by any person, his/her heirs, or executors whether caused by negligence, fault, failure, breach of contract, or any other matter.
- Participant also understand and agree that SS will not be held responsible for injuries which may occur to self/ child while attending or participating in any SS function. This authorization shall remain valid for the duration of the participant's current registration with SS.
- Participant agrees to abide by the rules and regulations of SS and privileges of attendance shall be denied to any individual who violates these rules and regulations.
- Participant acknowledges receipt of school handbook, tuition/payment and dress code policies and agrees to abide by all polices therein.
- Participant purchasing private lessons understands all private packages expire within 3 months of purchase date. A 2 hour notice of cancellation is required to not be billed for missed class.
- Participant understands A 30 day notification, in writing, is necessary to withdraw form a class or discontinue enrollment at Studio Sharise.
- I give permission for SS to take photos/videos of me or my child while participating in SS activities for promotional purposes. Such activities include classes, rehearsals and/or performances, etc. Names of students will not be used or disclosed.
- Participant understands that during certain times and events throughout the year, visitors will be allowed to observe class(es). These events may include parent and visitor observation weeks, open house events, etc.
- Participant agrees to be responsible for reading school correspondence and respecting deadlines, if applicable
- By registering at SS, parents agree to receive text message / voice mail notifications related to their child's participation in classes to the mobile number listed on this form. There is no cost from the school for this added feature, however carrier text messaging rates may apply.
- Students who participate in our June Celebration Performance agree to abide by CP Polices and meet fee deadlines.
- Students who participate in our mainstage productions agree to abide by the YPP Policies and meet fee deadlines.
- I hereby acknowledge that I have read the statements above and agree to participate accordingly.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

---

### Please tell us how you heard about us

Internet (where) \_\_\_\_\_ Flyer (where) \_\_\_\_\_ Website \_\_\_\_\_ Friend \_\_\_\_\_ Other: \_\_\_\_\_

**Classes Enrolling in**

Class	Age Group	Day	Time
1			
2			
3			
4			
5			
6			

Please list prior experience, if any.

---

---

---

---

Please list any physical /medical or mental limitations that might keep student from participating fully in class or keep student from adapting to the classroom environment.

---

---

---

---

**OFFICE USE**

DSP \_\_\_\_\_ PORTAL \_\_\_\_\_ SS INFO \_\_\_\_\_ BM \_\_\_\_\_ 6WKOB \_\_\_\_\_ 90DAYFU \_\_\_\_\_

---