

Student Name \_\_\_\_\_ Known as \_\_\_\_\_

Student Age \_\_\_\_\_ DOB \_\_\_\_\_ # of Years Dancing \_\_\_\_\_

Parents/Sponsors \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Email #1 \_\_\_\_\_

Email #2 \_\_\_\_\_

Emergency Contact 1 \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Phone \_\_\_\_\_

Medical Conditions (asthma, allergies, sports injury, autism, seizures, etc.):

\_\_\_\_\_

I understand every effort will be made to contact me, or the contact person(s). If we cannot be reached, I give consent for the emergency room physician to treat myself, my child, or my family.

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

\_\_\_\_\_

I, \_\_\_\_\_ have enrolled \_\_\_\_\_ in a program of strenuous physical activity, offered by The Dance Company. I, for myself, my heirs and assigns, hereby release The Dance Company, Dana Meeks, the directors, and all employees, or the owner of the location 2827 W. Park Row Arlington, TX 76013, from any claims, demands, and causes of action from my own or the above named person's participation in any programs offered at The Dance Company or at any time, while in the vicinity of the premises or in any activity sponsored, represented or organized by The Dance Company. I also understand that photos or videos may be taken throughout the year and these images may be published or used for advertising and promotional purposes by The Dance Company, and its agents. By signing, I hereby affirm that I have read and fully understand and agree with the above waiver, and have received and read the studio policies.

\_\_\_\_\_  
**Signature** of Parent/Guardian or Student if 18 Years or Older

\_\_\_\_\_  
**Date**

**First Time Visitor (Trial Class) \$0.00**

**New Student Registration Fee \$35.00**

Today's Classes (or) Desired Schedule:

Class #1 \_\_\_\_\_

Day \_\_\_\_\_ Time \_\_\_\_\_

Class #2 \_\_\_\_\_

Day \_\_\_\_\_ Time \_\_\_\_\_

Class #3 \_\_\_\_\_

Day \_\_\_\_\_ Time \_\_\_\_\_

Class #4 \_\_\_\_\_

Day \_\_\_\_\_ Time \_\_\_\_\_

Class #5 \_\_\_\_\_

Day \_\_\_\_\_ Time \_\_\_\_\_

### Month to Month Rates (\*)

Class Hours/Week	Tuition / Month
0.75 hours	\$ 50.00
1 hour	\$ 60.00
2 hours	\$ 85.00
3 hours	\$110.00
4 hours	\$135.00
5 hours	\$160.00
6 hours & up	\$185.00

Add. 1/2 hr, \$12.50 Add. 1/4 hr, \$6.25

\*10% off with Recital Contract