

Please Print All Information / This form must be completed in it's entirety

**2011-12 SUZETTE'S MASTERS OF DANCE REGISTRATION FORM**

Student Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone #1 \_\_\_\_\_

Cell Phone #2 \_\_\_\_\_

Student Age \_\_\_\_\_

Birth Date \_\_\_\_\_

Name: Parent/Guardian \_\_\_\_\_

E-mail: Parents  
(up to 2 email addresses)

List any Health or Medical conditions the studio should be aware of:  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Previous Training? List past experience in dance (include styles of dance and number of years)  
\_\_\_\_\_  
\_\_\_\_\_

Name of previous dance school: \_\_\_\_\_

How did you hear about Suzette's? Friend (Name) \_\_\_\_\_

Newspaper \_\_\_\_\_

Phone Book \_\_\_\_\_

Web Site \_\_\_\_\_

Performance \_\_\_\_\_

Competition \_\_\_\_\_

Class/es or Curriculum choices:

Subject \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Class # \_\_\_\_\_

Subject \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Class # \_\_\_\_\_

Subject \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Class # \_\_\_\_\_

Subject \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Class # \_\_\_\_\_

**I understand that there will be NO CREDIT given for classes unattended or regardless of how many days are in any particular month. I'm aware that my account will be charged for the class even if the dancer does NOT attend. TUITION IS DUE BY THE 5TH OF THE MONTH for the entire month or a \$5.00 LATE FEE will apply for that month & for every month until balance is paid. ALL TUITION IS NON-REFUNDABLE.**

I grant permission to Suzette's Masters of Dance, the use of photographs or video of my child to promote dance and/or the dance studio.

All students and the parents/legal guardian are aware of possible physical injury that may occur during dance/gymnastics classes, performances and/or rehearsals and are willing to assume those risks. It is agreed that Suzette's Masters of dance, it's officers, directors and associates are NOT RESPONSIBLE FOR PERSONAL INJURY OR PROPERTY LOSS.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_