

★ SUZETTE`S MASTERS OF DANCE ★

14275 Rick Dr. | Shelby Township | 48315 | 586.731.5454 | www.suzettesdance.com

2022-2023 REGISTRATION FORM

STUDENT NAME

PARENT'S NAME

ADDRESS

CITY

ZIP CODE

EMAIL ADDRESS (IMPORTANT)

MOTHER'S CELL PHONE/WORK ()

FATHER'S CELL PHONE/WORK ()

TUITION IS NON-REFUNDABLE. A \$25 REGISTRATION FEE PER FAMILY, \$15 PER INDIVIDUAL IS DUE UPON REGISTRATION.

BY SIGNING THIS DOCUMENT, I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL FINANCIAL OBLIGATIONS INCURRED DURING THE 2022-2023 SEASON, INCLUDING BUT NOT LIMITED TO: REGISTRATION FEE, INCURRED TUITION AND COSTUME FEES.

I HAVE READ, UNDERSTAND AND AGREE TO ALL OF THE PREVIOUS LISTED INFORMATION AND POLICIES OF SUZETTE`S MASTERS OF DANCE-SIGNATURE REQUIRED

SIGNATURE:

DATE:

STUDENT #1 NAME

D.O.B (REQUIRED)

AGE

SEX M F

CLASS

DAY

TIME

FOR OFFICE USE ONLY:

REGISTRATION FEE	\$			
TUITION AMOUNT	\$			
TOTAL DUE:	\$	CASH	CHECK	CC
PAYMENT DATE:	PAYMENT RECEIVED BY:			

RELEASE OF LIABILITY-SIGNATURE REQUIRED

I allow SMD to use photos and or videos of my child or their class for any advertising or publications. I have read and agree to follow Suzettes Masters of Dance Policies.

PARENT/GUARDIAN SIGNATURE	DATE
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*In the event of a serious accident or illness, I request that a representative of the dance studio contact me. If I cannot be reached, I request that contact is made with the physician named and their instructions be followed in the treatment of my child. If the emergency is such that immediate medical care is necessary, I authorize the dance studio to transport my child to the hospital for emergency care. The hospital agents, or a licensed physician, may administer such emergency treatment as they deem necessary under the circumstances.

PARENT/GUARDIAN SIGNATURE	DATE
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*As the legal parent or guardian, I release and hold Suzettes Masters of Dance and its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of SMD and its owners and operators or in route to or from any of said premises. I am fully aware of the existence of the risk on my physical appearance at Suzette's Masters of Dance and my participation of activity in dance classes within Suzette's Masters of Dance that may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19 or any communicable disease. I am fully and personally responsible for my own safety and actions while and during my participation. With full knowledge of the risks involved, I hereby release, waive, discharge Suzette's Masters of Dance, its owners, representatives and all employees from any and all liabilities, claims, demands, actions and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19. I agree to indemnify, defend, and hold harmless Suzette's Masters of Dance from and against all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to all claims made by or against any of the released party due to injury, loss, or death from or related to participation in our business.

PARENT/GUARDIAN SIGNATURE	DATE
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EMERGENCY CONTACT INFORMATION:

PARENT'S NAME

STUDENT NAME	BIRTHDATE	AGE	SEX M F
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ADDRESS

CITY	STATE	ZIP CODE
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EMAIL ADDRESS

CELL PHONE/WORK ()

MEDICAL INFORMATION

FAMILY DOCTOR	PHONE
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MEDICATION TAKEN REGULARLY

LIST ANY ALLERGIES

DOES THE CHILD HAVE ASTHMA? Y N	INHALER TYPE
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