

BEDFORD DANCE ACADEMY, LLC
6800 LEWIS AVENUE
TEMPERANCE, MI 48144
734-847-4944

REGISTRATION FORM

Students Name _____ Date of Birth _____

Students Home Address _____

City _____ State _____ Zip _____ Phone _____

Email _____ School Attending _____ Grade _____

Parent 1 (Primary Contact)

Parent 2

Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Emergency Contact

Name _____ Relationship _____

Phone 1 _____ Phone 2 _____

Payment Information

Registration Fee \$15.....\$ _____

1st Month's Tuition.....\$ _____

TOTAL.....\$ _____

CHECK (Made Payable to Bedford Dance Academy) Ck # _____

CREDIT CARD Visa _____ MasterCard _____

Date _____

Enrollment Information

Please indicate your level and preferred day and time. Classes are filled on a first-come, first-serve basis. Please refer to our website regarding the number of classes recommended.

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Register early to ensure class day and time. We have a 12 Student maximum per class.

Please mail- in form to above address.

REGISTRATION INFORMATION

Students Name _____ Date _____

Indicate any additional medical conditions, chronic ailments, allergies, or personal issues we should be made aware of:

WAIVER OF LIABILITY

Any activity involving height or motion incurs the possibility of accidental injury. While it is our intention to provide your child with safety and protection, it is not the responsibility of The Bedford Dance Academy or its staff to be held liable for any injury occurring while under The Bedford Dance Academy instruction or supervision. As parent or guardian of above student, I hereby agree to hold harmless The Bedford Dance Academy, and assume full financial responsibilities for any and all treatment required due to injury while training at The Bedford Dance Academy.

CONSENT FOR MEDICAL TREATMENT

In the event we are unable to contact the authorized person(s) listed on the front of this form, I the parent or legal guardian of the above named student, hereby give my consent for emergency medical care as prescribed by a duly licensed doctor or medicine or dentistry. Transportation to the hospital will be at the discretion of the Emergency Technicians on site.

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 10th of the month for the entire month or a \$5.00 late fee will apply. Service will be discontinued on any account that reaches 30 days past due.

I grant permission to The Bedford Dance Academy, LLC 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 The Bedford Dance Academy its Directors, Teachers and Staff are not responsible for personal injury or property loss.

I understand I am responsible for timely payments of my child's classes and realize he/she will lose their reserved place in class if our account does not remain current.

I understand that The Bedford Dance Academy supports a website/Facebook and may post student's pictures.

I have read and understand The Bedford Dance Academy, LLC studio policies and will follow them as a member of the studio(s).

PARENTS SIGNATURE _____ **Date** _____