

New Student Registration Form



Season: _____

Signup Date: _____

Student's Name: _____ Date of Birth (MM/DD/YYYY): _____

Mailing Address: _____

Primary Phone: _____ Phone (2): _____

Name of Person responsible for paying fees: _____

Primary Email Address: _____

Primary Billing Phone # _____

How did you hear about Seaside?

- Social Media/Email A friend
 Newspaper or Print Other (Please specify) _____

Legal Release and Policy Acceptance (please initial)

- I/we understand the Studio Policies I/we understand my billing obligations
 I/we understand the risks related to dance I/we understand my responsibilities for my property
 I/we understand the dress code I/we understand the schedule
 I/we give media use rights permission I/we understand the attendance policy
 I/we understand that SDA reserves the right to cancel a class that does not meet our minimum student enrollment

Signature / Responsible Party _____

Date _____

Class Name	Day	Time	Tuition	
				\$15-Registration Fee
		Total		

Credit Card Payment Option

Please leave your cc info on file if you would like your tuition automatically paid on the first of each month.

CC# _____ Expiration Date ___/___ Security Code _____

Medical

Allergies: _____

Will your child require any special medical attention during a normal class: (yes/no) _____

If yes – Explain: _____

Liability Waiver

I understand that Seaside Dance Academy is not responsible for any injuries sustained prior to, during, or after class. I recognize that my child's participation may expose him/her to the risk of injury or harm. I understand that Seaside Dance Academy does not carry medical insurance for its students. I accept this risk and hereby release Seaside Dance Academy, its agents and employees from all liability for personal injury, illness, or property damage occurring during instruction or performance. I understand that the studio is not accountable for any injury, illness, or property damage occurring during instruction or performance. I certify that my child is in good health and capable of participating in all of the activities and classes. I fully understand that the use of alcohol, tobaccos, illegal drugs and/or demonstration of unacceptable standards of behavior will result in the dismissal of my child from the studio with no tuition refund. Seaside Dance Academy has my permission to take photos, videos and/or films of my son or daughter and consent to use such materials for promotional purposes by Seaside Dance Academy.

Legal Guardian Signature _____

Date _____