

\_\_\_ New Student

**True Talents of the Arts, LLC.**  
**Student Registration Form**

**STUDENT INFORMATION**

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

**PARENT(S)/GUARDIAN(S) RESIDING WITH CHILD**

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**ALL PERSONS AUTHORIZED TO PICK UP CHILD**

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_  
3. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

**CLASS PARTICIPATION**

**Class Name Day Time**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

How did you hear about our studio? \_\_\_\_\_

**Previous Dance Training**

Please list prior dance experience (i.e. number of years, technique studied, teachers, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAYMENT INFORMATION**

**Payment Plans:**

Plan A: Pay by check, credit card, debit card, money order, or PayPal weekly, bi-weekly, or monthly.

Plan B: Payment of tuition in full at registration to cover classes through December 2014. (*Check, credit or debit, or money order only*).

**Registration Fees:**

New Student: \$25

**I have chosen payment plan \_\_\_\_\_. Registration Fee: \$\_\_\_\_\_ Monthly Tuition: \$\_\_\_\_\_**

*I understand that no make-up classes are permitted for each class my child misses. I also understand that all fees paid are **nonrefundable and nontransferable**. The parent or guardian is responsible for notifying, in writing, True Talents of the Arts of any change to the credit card or checking account. The returned check/declined card fee is \$35. I understand that my child will not be able to participate in dance class or productions until all fees and current fees are up to date. Should this provision have to be enforced by legal means, the undersigned person(s) is responsible for payment, as liquidated damages, the costs of collection, plus interest at the legal rate and reasonable attorney's fees as determined by the Court or 15% of the amount collected failing such determination.*

PERSON RESPONSIBLE FOR PAYMENT: PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_

## RELEASE AND AUTHORIZATION

**Name of Student:** \_\_\_\_\_

Indicated in the space below are any health problems or conditions of which the studio should be aware (such as heart, back, medical, allergy, muscular, pregnancy, diabetes, epilepsy, chemical or neurological condition, special medication, knee/kidney/shoulder problems, etc.). I understand that risk of *injury* is inherent in any physical activity and I, on behalf of myself and my child, knowingly and voluntarily accept that risk. I, the undersigned, for myself, my heirs, administrators, and executors, hereby waive and release Amber Booze, and True Talents of the Arts, LLC, and its staff from any and all claims or damages of any kind arising out of my child's participation in the exercise and/or dance program of True Talents of the Arts, LLC. I further certify that the aforementioned student is in proper physical condition to participate in the exercise/dance program and that he/she has been examined by a licensed physician and found to be in proper physical condition to participate in said program. I, the undersigned, do hereby authorize Amber Booze, or her/his designated agents (being teachers or administrators employed by True Talents of the Arts, LLC.) to obtain medical treatment for my said child in emergency situations where I cannot be reached in time to authorize the treating physician to provide such emergency medical services. I understand that I am responsible for any medical expenses and that the absence of health insurance does not make Amber Booze, staff, and True Talents of the Arts, LLC, responsible for payment of medical expenses. This authority includes the power to authorize any and all treatment deemed necessary under the circumstances by a licensed physician. This power is in essence a power of attorney and shall remain in effect for one year from the date signed below.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

## EMERGENCY INFORMATION

Physician: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Insurance Company Policy No.: \_\_\_\_\_

Allergies (food, medicine, etc.): \_\_\_\_\_

Additional Information/Comments (i.e. blood transfusions, etc.): \_\_\_\_\_

## LATE FEES:

There is a \$1.00 per minute late fee per student(s) if the student is pick up late from class. Late fees are to be paid in cash upon arrival. If late fee is not paid, student cannot return to class until payment is paid in full.