

# chesterfielddance center

## REGISTRATION FORM

### NEW STUDENT

#### STUDENT INFORMATION

For Office Use Only

Enrollment Date: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Paid: \_\_\_\_\_

Student Name:	Date of Birth:
Street Address:	
City, State Zip:	
Phone Numbers: Home:	Cell:
Student Email Address:	
How did you hear about us?	
Allergies/Medications:	

#### FAMILY INFORMATION *(complete any item that differs from student)*

Primary Parent/Guardian of Student:	
Phone Numbers: Work:	Cell:
Email Address:	
Secondary Parent/Guardian of Student:	
Phone Numbers: Work:	Cell:
Email Address:	

#### EMERGENCY CONTACT

Contact Name:	
Phone Numbers: Work:	Cell:
Relation to Student:	

## CLASSES

FALL	SUMMER
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

## FOR ALL NEW STUDENTS

### LIMITED LIABILITY WAIVER

*I am aware that dancing is a physical activity and there is a risk of injury to my child/self. I am aware of this risk and agree that Chesterfield Dance Center, LLC and its employees are not liable for any injury sustained within the confines of the studio or at any related function. I grant my child/self permission to participate in Chesterfield Dance Center, LLC classes. I, hereby, release and discharge all employees of Chesterfield Dance Center, LLC for any related injuries cause by the study of dance.*

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### PROMOTIONAL ADS

*I give permission for my/my child's pictures to be used in promotional ads and/or the website.*

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## FOR FALL ENROLLMENT ONLY

### STUDENT HANDBOOK

*I, \_\_\_\_\_ have read and understand all information that is covered in the Chesterfield Dance Center Student Handbook. I also have gone over all information with my child or children that are students at CDC for the current season.*

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### ADD/DROP

*I understand that if I wish to add or drop a class, I must fill out an add/drop form and place it in the payment box next to studio III. I understand that if I stop coming to class without proper notification, I will continue to be charged for that class and will be responsible for payment.*

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_