



Kinetics Dance Theatre
School of Contemporary Dance
Summer 2017 Registration Form

RESPONSIBLE PARTY INFORMATION

Parent/Guardian #1: _____ Parent/Guardian #2: _____
 Home Phone: _____ Home Phone: _____
 Cell Phone: _____ Cell Phone: _____
 Email Address: _____ Email Address: _____
 Occupation(s): _____
 Billing Address: _____ City: _____ Zip: _____
 Emergency Contact: _____ Emergency Phone: _____

STUDENT #1 INFORMATION

Student Name:	DOB:	Age:	Grade:
Medical Conditions/Allergies:			

STUDENT #2 INFORMATION

Student Name:	DOB:	Age:	Grade:
Medical Conditions/Allergies:			

STUDENT #3 INFORMATION

Student Name:	DOB:	Age:	Grade:
Medical Conditions/Allergies:			

TUITION AGREEMENT

I will take financial responsibility for my/my child's tuition payments due to Kinetics Dance Theatre. I understand that tuition is due by the start of the session in order for me/my child to participate and that a \$10 late fee will be applied if not paid by the first class. I understand that I must notify the front desk in writing at least two weeks prior to withdrawing from a class, otherwise tuition will be billed and I will be held accountable for any tuition accrued during this time. Non-attendance does not constitute as a withdraw. Initial: _____

WAIVER

I, _____, exempt and release Kinetics Dance Theatre, Inc., its Board, Staff, and Independent Contractors from any and all liability, claims, demands, actions or causes of action whatsoever arising out of any loss or injury to the Student or the Student's property while upon the premises of Kinetics Dance Theatre, Inc., or while engaged in travel to or from Kinetics Dance Theatre, or while engaged in any Kinetics Dance Theatre, Inc. events on off-site premises.

STUDENT/PARENT CONSENT AND RESPONSIBILITIES

- Kinetics Dance Theatre will not be responsible for administering medications to the students.
- I/My child have/has permission to be photographed, interviewed or videotaped while attending Kinetics Dance Theatre for possible use in marketing.
 Yes _____ No _____
- I approve of my/my child's enrollment in Kinetics dance classes and understand that I/they must follow appropriate student behavior in order to participate. I understand that appropriate dress is required for all dance classes including footwear and all hair must be pulled back away from the face. I also understand that Kinetics Dance Theatre is not responsible for any personal belongings left in the studio.
- I certify that the above information is true and correct to the best of my knowledge. I understand that it is my responsibility to notify Kinetics of any changes in the information in this registration.

Signature (parent/guardian if under 18): _____ Date: _____

