

STATE OF THE ARTS REGISTRATION FORM

(ONE FORM PER STUDENT)

CLASS(ES) IN WHICH YOU ARE ENROLLING:

HOW DID YOU HEAR ABOUT US?

<u>CLASS NAME</u>	<u>DAY</u>	<u>TIME</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DRIVE BY YELLOW PAGES
 CARD MAILING WEBSITE

PLEASE SPECIFY FOR THE FOLLOWING:

PRINT AD _____
 REFERRED BY _____
 OTHER _____

(USE BACK FOR MORE CLASSES, IF NEEDED)

ACCOUNT INFORMATION

BILLING ACCOUNT NAME: (MUST BE OVER 18YRS OF AGE) _____
 PARENT/GUARDIAN: (IF DIFFERENT FROM BILLING NAME) _____
 BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 DAY/WORK PHONE: _____ EVE PHONE: _____ CELL: _____ PAGER: _____
 E-MAIL ADDRESS: _____ OTHER PARENT NAME: _____
 EMERGENCY NAMES: CONTACT #1: _____ CONTACT #2: _____
 EMERGENCY PHONE: CONTACT #1: _____ CONTACT #2: _____

STUDENT INFORMATION

STUDENT'S FULL NAME: _____ FEMALE MALE
 HOME ADDRESS: SAME AS ABOVE _____ CITY: _____ STATE: _____ ZIP: _____
 HOME PHONE: _____ CELL PHONE: _____ EMAIL ADDRESS: _____
 BIRTH DATE: _____ AGE: _____ SCHOOL: _____ GRADE: _____
 PREVIOUS DANCE EXPERIENCE: (PLEASE BE DETAILED) _____

HEALTH RECORD

IS THE STUDENT NAMED ABOVE IN GOOD HEALTH? YES NO IS THE STUDENT TAKING ANY MEDICATIONS? YES NO
 IF YES, PLEASE STATE: _____
 ARE THERE ANY PHYSICAL OR EMOTIONAL HANDICAPS OR PROBLEMS THAT THE STUDIO SHOULD BE AWARE OF? YES NO
 IF YES, PLEASE STATE: _____

DISCLAIMER / AGREEMENT

I RECOGNIZE THE RISKS OF ILLNESS OR INJURY BY PARTICIPATION IN A FITNESS/DANCE/THEATER PROGRAM AND HEREBY AGREE TO WAIVE, INDEMNIFY, AND DEEM HARMLESS THE SAID STATE OF THE ARTS STUDIO, ITS AGENTS AND SPONSORS AGAINST ANY AND ALL LIABILITY, CLAIMS, JUDGMENTS OR DEMANDS FOR DAMAGES ARISING AS A RESULT OF ANY COURSE OF INSTRUCTION GIVEN BY STATE OF THE ARTS, OR DURING PERFORMANCES OR TRYOUTS. I AGREE TO ABIDE BY AND FOLLOW ALL RULES AND REGULATIONS SET FORTH BY STATE OF THE ARTS, INCLUDING THOSE LISTED IN THE STUDIO HANDBOOK PROVIDED. THESE INCLUDE POLICIES RELATED TO TUITION, FEES AND DUE DATES, AND GIVING NOTICE AT THE STUDIO DESK TWO WEEKS PRIOR TO DROPPING CLASSES. TUITION WILL CONTINUE TO BE CHARGED UNTIL SUCH NOTICE IS RECEIVED. ACCOUNT HOLDERS AGREE TO PAY ANY OUTSTANDING CHARGES IN FULL WHEN DUE WHILE ATTENDING, AND/OR WHEN STOPPING ATTENDANCE.

A NON-REFUNDABLE REGISTRATION FEE & ONE MONTH'S TUITION ARE DUE IN FULL AT THE TIME OF REGISTRATION

STUDENT SIGNATURE: _____ DATE: _____

IF STUDENT IS UNDER THE AGE OF EIGHTEEN, OR NOT THE ACCOUNT HOLDER ~

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____
(Account Holder)

For State Of The Arts Office Use ONLY: DATE RECEIVED _____ STUDENT CATEGORY: SOTA ACC

PAYMENT TYPE: RECEIPT # _____ CASH CREDIT: VISA MC APPROVAL # _____ CHECK # _____

PAYMENT REC'D BY _____ AMOUNT: _____ RECV'D FOR: _____