



For office use only - Registration Received: _____

636-728-0608

201 Chesterfield Towne Centre • Chesterfield, MO 63005

www.thedancefloor.net

Dance Year 2008-2009

New Student Registration Form

A \$15.00 Annual NON-Refundable Registration Fee per family must accompany this form in order to be enrolled in class.

Student/Dancer Information

Today's Date: _____

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ (as of Sept 2, 2008) Birth Date: _____ Grade Entering: _____

School Attending: _____ What time does your school end? _____

Pre-School/Kindergarten: AM _____ PM _____ All day _____

Siblings that dance at Renee's: _____

Parent Information

Mother's Name: _____

E-mail Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Father's Name: _____

E-mail Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Mailing Address:

Address: _____

City: _____ State: _____ Zip: _____

Billing Address: (if different from above address)

Address: _____

City: _____ State: _____ Zip: _____

Do you use email? Yes / No (circle one)

Would you prefer to receive statements by email? Yes / No (circle one)

Referral:

How did you hear about us? _____

Were you referred by a current student? Yes / No If Yes, please provide name: _____



Liability Form

I, _____, am the parent/legal guardian of _____, who was born on (00/00/0000) _____ or the adult student.

While Renee's Dance Floor, LLC makes every effort to insure the safety of its students and guests:

- Liability Release:** I, _____, hereby release Renee's Dance Floor, LLC, all employees, and instructors employed by or contracted by the Renee's Dance Floor, LLC from all liability of damages, injuries, or expenses due to injuries that may occur to my (son/daughter) _____ during their participation in class or other dance activities sponsored by the Renee's Dance Floor, LLC dance studio. I acknowledge that certain types of injuries are common and inherent in dance-related activities, and hereby agree that I, my child, our assignees, heirs, distributees, guardians, and legal representatives will not make a claim, demand, or cause of action against Renee's Dance Floor, LLC, all employees, and instructors employed by or contracted by Renee's Dance Floor, LLC. They are not liable for personal injuries or loss of/damage to personal property while attending Renee's Dance Floor, LLC or participating in off-premise activities sponsored by Renee's Dance Floor, LLC.
- Assumption of Risk:** On behalf of my child, I hereby agree to accept and assume any and all risk involved in or arising from my child's use of, or attendance at Renee's Dance Floor, LLC. This includes, but is not limited to, risks of death, bodily injury, or property damage resulting from an accident while traveling, all dance activities and sponsored activities, or the negligent or deliberate act of another.
- Emergency Medical Treatment:** In an emergency medical situation, when parent/guardian verbal permission is not available, I hereby authorize a staff member of Renee's Dance Floor, LLC to consent to any medical or dental care treatment for my child to be rendered under the supervision of a qualified physician, surgeon, or dentist. I understand dance and acrobatics are very strenuous physical activities and accidents can happen that may cause injury.
- Indemnify and Defend:** I agree, on behalf of myself and my child, to indemnify and defend Renee's Dance Floor, LLC, all employees, and instructors employed by or contracted by the Renee's Dance Floor, LLC, and hold each harmless from any and all claims, causes of action, damages, and judgment costs or expenses, including attorney's fees and costs, which may arise from my child's use of or participation in activities at or sponsored by Renee's Dance Floor, LLC.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Renee's Dance Floor, LLC, all employees, and instructors employed by or contracted by Renee's Dance Floor, LLC, and sign of my own free will.

Parent/Legal Guardian or Adult Signature: _____

Address: _____

Date: _____ Drivers License #: _____ Exp Date: _____

Parent/Legal Guardian Name (Please Print): _____

Student Name: _____

Dancers Dance History (Please make sure information is accurate for proper placement.)

No experience _____ (please continue to Dance Interest)

Experience: (please indicate by # of years of training)

Tap _____ Ballet _____ Jazz _____ Lyrical _____ Modern _____

Pointe _____ Acrobatics _____ Hip Hip _____ Pom Pon _____

Do any of these years include pre-school training 3-4 year old? Yes / No

Where have you previously studied dance? _____

Dance Interest - Please check interest!

Pre-School Combo Class – One hour class/Wk:

____ 3 year old Tap/Ballet/Music

____ 4 year old Tap/Ballet/Music

Other Combo Classes:

____ Tap/Ballet:(5-6-7 – Kindergarten/1st Grade)

____ Tap/Ballet/Jazz:(7 and Up) 2nd grade and up

Separate Classes offered to Begin thru

Advanced:

____ Hip Hop

____ Stretch, Leaps and Turns

____ Modern

____ **Jr Ballet Technique (30 min class)

5-6-7-year olds+

____ **Jr Jazz Technique (30 min class)

5-6-7-year olds+

Separate Classes Only Offered to Int./Adv. Students:

____ Tap ____ Ballet ____ Jazz* ____ Lyrical*

____ Ballet Technique**

____ Pointe (w/ Ballet Technique)

Competitive Team? ____ Yes ____ No

*Student must be enrolled in Ballet Class to be eligible to take.

**No recital performance.

+Student must be enrolled in Tap/Ballet class to be eligible to take.

Comments/Special Interest:

OFFICE USE ONLY

Registration Fee Received: _____

Ck# _____ Chg _____

Tuition Payment Received: _____

Ck# _____ Chg _____

Class: _____

Day: _____

Time: _____

Teacher: _____

Room: _____

Class: _____

Day: _____

Time: _____

Teacher: _____

Room: _____

Class: _____

Day: _____

Time: _____

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