



For office use only - Registration Received: \_\_\_\_\_

**636-728-0608**

**201 Chesterfield Towne Centre • Chesterfield, MO 63005**

**www.thedancefloor.net**

**Dance Year 2008-2009**

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# *Returning Student Form*

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A \$15.00 Annual NON-Refundable Registration Fee per family must accompany this form in order to be enrolled in class. To be considered a returning student, the student must have taken and paid for classes through April of 2008 and start no later than November 1, 2008. Siblings just beginning dance are not considered returning students.

## 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:

- 1. 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.
- 2. 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.
- 3. 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.
- 4. 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/1<sup>st</sup> Grade)

\_\_\_\_ Tap/Ballet/Jazz:(7 and Up) 2<sup>nd</sup> 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: \_\_\_\_\_

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Class: \_\_\_\_\_

Day: \_\_\_\_\_

Time: \_\_\_\_\_

Teacher: \_\_\_\_\_

Room: \_\_\_\_\_