



# Foothills Dance & Performing Arts Studio Registration Form

## Dancer / Participant Information

\_\_\_\_\_  
Last Name First Name Date of Birth

\_\_\_\_\_  
Academic School Dancer Attends and Grade

## Parent / Guardian / Family Information

### Mother / Guardian Information

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Home Phone Cell Phone E-Mail Address

\_\_\_\_\_  
Employer Work Phone

### Father / Guardian Information

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Home Phone Cell Phone E-Mail Address

\_\_\_\_\_  
Employer Work Phone

Please list previous dance experience \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ None

Which type of dance classes have you taken?  
\_\_\_\_\_

Please enroll participant in the following classes:

\_\_\_\_\_  
Instructor Discipline Day Time

\_\_\_\_\_  
Instructor Discipline Day Time

\_\_\_\_\_  
Instructor Discipline Day Time

\_\_\_\_\_  
Instructor Discipline Day Time

How did you hear about Foothills Dance & Performing Arts Studio?  
\_\_\_\_\_

## Pertinent Medical Information

Are there any physical problems, allergies (including food or drug), asthma, previous injuries, or special needs that Foothills Dance & Performing Arts Studio should be aware of?

\_\_\_\_\_  
If yes, please describe. \_\_\_\_\_

Is the participant taking any medication on a daily or regular basis? \_\_\_\_\_

If yes, please describe. \_\_\_\_\_

## Authorization to Consent to Emergency Treatment

In the event of an emergency, illness, or accident and you cannot be reached, please list the names and numbers of the persons you are authorizing Foothills Dance & Performing Arts Studio to contact:

Physician

\_\_\_\_\_  
Name Phone

Emergency Contact

\_\_\_\_\_  
Name Phone Relationship

I authorize Foothills Dance & Performing Arts Studio's instructors or staff to administer first aid and to obtain medical care for my child, \_\_\_\_\_ in the event of an accident or injury.

This emergency consent form along with the medical information verifies that the above named participant is in good health and has her / his doctor's approval to participate in dance, exercise or theatrical classes. I acknowledge that Foothills Dance & Performing Arts Studio has no medical insurance coverage and will not be held responsible for injuries. In the event of an accident or illness involving the participant, the parent / guardian will be notified immediately. If I cannot be notified, Foothills Dance & Performing Arts Studio may contact one or both of the two names listed above. In the event of an emergency and I cannot be contacted, I hereby authorize Foothills Dance & Performing Arts Studio to take any steps it deems necessary to obtain medical attention. I the undersigned parent / guardian of \_\_\_\_\_, a minor, do hereby authorize Foothills Dance & Performing Arts Studio as agents to consent to x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and or hospital care which is deemed advisable by and is to be rendered under the general or special supervision and upon the advice of any physician and surgeon licensed under the Medicine Act, whether such diagnosis or treatment is rendered at the office of said physician or at any duly licensed medical facility. It is understood this authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific care which the aforementioned physician may deem advisable. I agree to be responsible for all costs incurred as a result of the foregoing. This authorization is given pursuant to the provisions of Section 25.8 of the California Civil Code.

\_\_\_\_\_  
Parent / Guardian Signature or Adult Participant Date

***\*\*\*I have received a copy and read fully and understand the contents of Foothills' policies, rules, and expectations, and agree to them. \*\*\****

\_\_\_\_\_  
Parent / Guardian Signature or Adult Participant Date

I have filled out an Automatic Payment Form and wish my credit card to be debited monthly for regular tuition:  
Yes No Initials \_\_\_\_\_

If you choose not to participate in our Automatic Payment Option, you are eligible for an early payment discount if tuition is paid with cash or check before the first of the month. However, if tuition is not received by the 5<sup>th</sup> of the month, a late fee will be assessed. Those participating in our Automatic Payment program are not subject to late fees.