



Registration Form

Dancer / Participant Information

Last Name	First Name	Date of Birth
Academic School Dancer Attends		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		

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

Please list previous dance experience _____ Years _____ Months _____ None

Please enroll participant in the following classes:

Discipline	Instructor	Day	Time
Discipline	Instructor	Day	Time
Discipline	Instructor	Day	Time
Discipline	Instructor	Day	Time
Discipline	Instructor	Day	Time
Discipline	Instructor	Day	Time

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. _____

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 Relationship Phone

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



Policy/Expectation Agreement and Payment Information

Student Name(s): _____

Parent Name(s) – Please Print: _____

****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

Credit Card Information:

Tuition Amount: _____

Charged on the _____ day of each month (between the 20th and the 5th)

Credit Card #: _____

Expiration Date: _____ Zip Code: _____

I authorize Foothills Dance and Performing Arts Studio to charge the above amount to my account monthly (except for July). I understand that I will be notified of any additional charges and will need to contact Foothills directly if I *do not* want those charges added to my regular tuition. I also understand that if I choose not to use Auto Pay, I will have the option of setting up Automatic bill pay through my bank directly. Otherwise, my tuition rate will be 10% above the listed “regular tuition rates”.

Parent / Guardian Signature or Adult Participant Date

For Office Use Only

Student Name: _____

Parent Name: _____

August: _____

September: _____

October: _____

November: _____

December: _____

January: _____

February: _____

Costume: _____

March: _____

April: _____

Rec Fee: _____

May: _____

Rec Fee: _____

June: _____

Rec Fee: _____

Additional Charge Notes: _____
