

# Sisu Academy of Dance & Gymnastics

## Registration Form

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ M / F

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Alt. Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Previous Dance Experience \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please list your class selections below. Confirmation of enrolled classes will be sent via email.

1. Class Description \_\_\_\_\_ Day / Time \_\_\_\_\_

2. Class Description \_\_\_\_\_ Day / Time \_\_\_\_\_

3. Class Description \_\_\_\_\_ Day / Time \_\_\_\_\_

4. Class Description \_\_\_\_\_ Day / Time \_\_\_\_\_

5. Class Description \_\_\_\_\_ Day / Time \_\_\_\_\_

6. Class Description \_\_\_\_\_ Day / Time \_\_\_\_\_

7. Class Description \_\_\_\_\_ Day / Time \_\_\_\_\_

**Group Members**

**Preferred Day / Time**

**Preferred Instructor**

Solo \_\_\_\_\_

Duet/Trio \_\_\_\_\_

Small Group \_\_\_\_\_

Please choose your payment option:  Per Year  Per Semester  Per Month  Per Session

I (we) have read, understand, and agree with the Sisu Academy of Dance & Gymnastics, LLC policies and information for the 2018 - 2019 fall-spring season.

\_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (or student if 18+)

Registration & Medical Release forms may be mailed, emailed, or brought to the studio.

# Sisu Academy of Dance & Gymnastics

## Medical Authorization, Risk Notification, and Liability Waiver

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact (non-parent) \_\_\_\_\_

Relation to Student \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Clinic Address \_\_\_\_\_

Medical/Physical Limitations (ex: asthma)

\_\_\_\_\_

Medications

\_\_\_\_\_

Allergies to medications or otherwise

\_\_\_\_\_

In case of illness or emergency and a parent cannot be reached, I hereby authorize Sisu Academy of Dance & Gymnastics or its appointed representative to sign for medical care. I understand that Sisu Academy of Dance & Gymnastics is not responsible for any injuries sustained prior to the beginning of classes. I understand that because dance involves motion, there is a risk of injury. I recognize that my child's participation may expose him/her to the risk of injury or harm. I accept this risk and hereby release Sisu Academy of Dance & Gymnastics, its agents and employees from all liability for personal injury, illness, or property damage occurring during instruction or performance. I understand that the studio is not accountable for any injury, illness, or property damage occurring during instruction or performance. I certify that my child is in good health and capable of participating in all of the activities and classes. I fully understand that the use of alcohol, tobaccos, illegal drugs and/or demonstration of unacceptable standards of behavior will result in the dismissal of my child from the studio with no tuition refund. Sisu Academy of Dance & Gymnastics has my permission to take photos, videos and/or films of my son or daughter and consent to use such materials for promotional purposes by Sisu Academy of Dance & Gymnastics.

I (we) have read, understand, and agree with the Sisu Academy of Dance & Gymnastics policies and information for the 2018 - 2019 season.

\_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (or student if 18+)