

(1 form per dancer)

BRISCUSO DANCE STUDIO  
Registration form  
2017-2018 Session

<input type="checkbox"/>	New student
<input type="checkbox"/>	Returning student

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_

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

Contact/ Emergency Information

Parent or Guardian \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Person responsible for payment (if not same as above) \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact (other than parent/guardian) \_\_\_\_\_

Relationship to student \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Does student have an IEP or need assistance to participate due to a disability? NO \_\_\_ YES \_\_\_

If yes, please explain: \_\_\_\_\_

Describe any other medical condition you feel we should be aware of (diet restrictions, asthma, etc.)

Dance History

New students - How did you hear about us? \_\_\_\_\_

Is this the student's first year of dance? \_\_\_\_\_

Years of dance training completed \_\_\_\_\_ Former dance school(s) \_\_\_\_\_

**PHOTOGRAPHIC RELEASE**

I agree that my child's picture or likeness can be represented and published in any Briscuso Dance Studio publication or media.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I \_\_\_\_\_ have enrolled \_\_\_\_\_ in a program of strenuous physical activity,  
*Parent name* *Student name*  
offered by Briscuso Dance Studio. I hereby affirm that I am or the above person is in good physical condition and does not suffer from any disability that would prevent or limit participation in this dance program. In consideration of myself, my heirs and assigns, hereby release the Briscuso Dance Studio, the owner Julie DeYoung, her family, her employers from any claims, demands, and causes of action arising from my or the above named person's participation in any of the above stated programs, and I hereby release the Briscuso Dance Studio, the owner Julie DeYoung, her family or employees, from any liability now or in the future including but not limited to heart attacks, muscle strains, pulls, tears, broken bones, shin splints, heat prostration, knee, lower back, or foot injuries and any other illness, soreness or injury however caused occurring before, during or after participation in any other of the above stated programs offered at Briscuso Dance Studio or at any time, while in the vicinity of the premises of the above stated business, or in any activity sponsored, represented, or organized by Briscuso Dance Studio, the owner Julie DeYoung, her family, or employees, for any reason. By signing, I hereby affirm that I have read and fully understand and agree with the above waiver.

Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_

I am enrolling \_\_\_\_\_ for Briscuso Dance Studio 2017-2018 Dance Session.  
*Student name*

I understand that tuition is based on a yearly tuition of approximately 36 weeks broken down into 9 monthly installments, due at the beginning of each month, and is delinquent after the 15th of the month. The late fee is \$15.00. I understand that if my child withdraws from the program, that registration is 100% nonrefundable and that tuition for that month is still expected.

Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this form, the parent/adult is assuming any and all responsibility for the student, including financial obligations. The parent/adult signing below has also received a copy of the studio policies, and has read and understands all policies.

**CLASS REGISTRATION**

Please list classes enrolling in for the 2017-2018 Dance Year

Class 1: \_\_\_\_\_ Class 2: \_\_\_\_\_ Class 3: \_\_\_\_\_

Class 4: \_\_\_\_\_ Class 5: \_\_\_\_\_

**\* There is a \$30.00 nonrefundable registration fee per family due with this form. Enrollment will not be completed until registration fee is received. Thank you for registering with Briscuso Dance Studio! We hope you have a wonderful year!**

Mail forms to: 469 Lafayette Center Ballwin, MO 63021

Please make checks payable to Julie DeYoung

Office Use Only:  
Registration fee paid \_\_\_\_\_ Payment method \_\_\_\_\_ Check # \_\_\_\_\_ Collected by \_\_\_\_\_