

Starshine Dance Company Supreme, Supreme Mini, and Elite Performance Programs 2018/2019 Registration Form

Child's First Name _____ Child's Last Name _____

Age _____ Birth date _____ circle one: Male Female

Mailing Address _____ City _____ Zip _____

Email Address _____

Mother's Name _____ Father's Name _____

Daytime Phone _____ Evening Phone _____

Mom's Cell Phone _____ Dad's Cell Phone _____

Injuries/Illness/Allergies _____

Special Needs/Considerations _____

Emergency Contact's Name _____

Relation _____ Phone Number _____

#1 Class Name _____ Day _____ Time _____

#2 Class Name _____ Day _____ Time _____

#3 Class Name _____ Day _____ Time _____

#4 Class Name _____ Day _____ Time _____

#5 Class Name _____ Day _____ Time _____

Tuition is due on or before the 10th of the month. A \$30 late fee will be added to account on the 11th of the month.

Unpaid tuition will result in student not being admitted to class(es) until tuition is current. A \$30 NSF Fee is assessed on all declined Auto-Pay transactions and returned checks. Delinquent accounts will be sent to collection and additional fees may be assessed.

Acknowledgement of Risk and Waiver of Liability- READ BEFORE SIGNING!

Name of Child participating (if under 18 years): _____

Name of Adult Participant or Parent: _____

I (we) recognize that despite all reasonable precautions implemented for safety, potentially severe injuries including permanent paralysis or death can occur in any activity involving height, motion, including but not limited to tumbling, acting, and dance. I (we) knowingly and willingly assume all such risks and therefore I consent to the aforementioned person participating in **Starshine Studios, LLC's programs**. Consequently I (we) hereby for myself, heirs, executors, and administrators, do waive and release any and all rights and claims for damages against owner, operators, coaches, and other members of **Starshine Studios, LLC** from personal injury or accident of any sort or nature suffered by myself or my child by reason of participation or membership in classes, lessons, or any programs or activities of **Starshine Studios, LLC**.

In addition, I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence.

Please Initial:

_____ **Registration Fees and Tuition are non-refundable.**

_____ **This is a commitment from [September 1, 2018 to May 31, 2019](#). Tuition will auto-withdraw on the 5th of the month, each month, from the checking/savings account or credit card that client provides. A separate Auto Pay form must be completed at the time of registration.**

_____ **I understand and accept the tuition/payment policies of Starshine Studios.**

_____ **I give permission for Starshine Studios, LLC to take photographs of my child for use in newspapers, on Starshine's marketing materials, printed and/or virtual mediums, promoting Starshine Studios' programs.**

Parent/Guardian (or self if over 18 years) x _____ Date: _____